



*Istituto Superiore di Sanità*

---



# **Best practices on preventing the harmful use of alcohol amongst older people, including the transition from work to retirement**

## **VINTAGE PROJECT - WP5 REPORT**

**Lidia Segura, Jorge Palacio-Vieira, Joan Colom  
and Emanuele Scafato**

**This report has been written by Lidia Segura, Jorge Palacio-Vieira, Joan Colom and Emanuele Scafato on behalf of the VINTAGE Project Group.**

The report has been prepared under the European Commission Second Programme of Community Action in the Field of Health 2008-2013, Grant Agreement no. 2008 12 03.

**The responsibility for the content of this report lies with the authors, and the content does not represent the views of the European Commission; nor is the Commission responsible for any use that may be made of the information contained herein.**

This report should be quoted:

**Segura L, Palacio-Vieira J, Colom J and Scafato E (2010)  
Best practices on preventing the harmful use of alcohol amongst older people, including the transition from work to retirement – Vintage Project WP5 Report**

## Table of contents

Acknowledgements .....	1
Preface .....	3
Introduction.....	5
Objectives.....	6
Methods.....	6
Grey literature review .....	6
Survey of best practices .....	7
Collection strategy.....	7
Questionnaire.....	8
Assessment.....	9
Results.....	10
Grey literature review .....	10
Survey of best practices .....	16
Characteristics of contacted people .....	16
Figure 1. Experts/participants by source.....	16
Figure 2. Experts/participants by country.....	17
Figure 3. Experts/Participants by type of organization .....	18
Figure 4. Type of responses by country.....	19
Negative responses and reasons for absence of best practices.....	19
Table 1. Mean responses on the reasons for the absence of projects, programs or PPBp as reported by the participants in the Vintage project. ....	20
Positive responses.....	20
Figure 5. Assessment strategy for the inclusion of PPBp initiatives. ....	20
Quality assessment .....	21
Figure 6. Reported initiatives by type .....	22
Figure 7. Reported initiatives by target population.....	22
Figure 8. Reported initiatives by source of funding .....	23
Figure 9. Reported initiatives by level of implementation. ....	23
Database on best practices.....	25
Sections in the database (database lay-out).....	25
Audience .....	25
Usability .....	26
Conclusions .....	28
References .....	31
Appendix.....	32
Tables and Annexes.....	33
Table 2. Reported initiatives, type and objective. ....	34
Table 3. Quality assessment of reported projects, programs and good practices (n=36) .....	37
Annexe I. Protocol and questionnaire .....	46
Annexe II. Grey literature results on the prevention of alcohol-abuse amongst the elderly .....	53



## Acknowledgements

This report has been prepared by the authors on behalf of the VINTAGE Project Group<sup>1</sup>.

The authors of this report would like to thank all the professionals who took part in the collection strategy and acknowledge the coordinating partners for their support during the whole process.

Partners involved:

**THL (former STAKES):** Nordic and Baltic countries: Salme Ahlström. Institution: National Institute for Health and Welfare

**IAS:** Continental countries and UK: Andrew McNeill and Aneurin Owen, Institute of Alcohol Studies (United Kingdom)

**IVZ:** South-east Europe and Balkans: Sandra Radoš Krnel, National Institut of Public Health (Slovenia)

**SZU:** Central Europe countries: Hana Sovinova, Institution: National Institute of Public Health (Czech Republic)

Special thanks to all the informants who participated reporting their initiatives:

Aura Matikainen, Finland

Peter Raiser, Germany

Etten D.M. van; Weingart, S.W.S.M. Netherlands

Aniello Baselice, Italy

Lluïsa Marin, Spain

Miranda Laurant, Netherlands

Lahtinen, Heli, Finland

Mäkelä Matti, Finland

Richard Cyster, United Kingdom

Michael Fox, United Kingdom

Tony Rao, United Kingdom

Lynn Owens, United Kingdom

Wikje de Jong, Netherlands

Ikäheimo Sari Marita, Finland

Viljanen Maria, Finland

Sabine Hoffmann (research group Prof. Karl Mann), Germany

Claudia Gandin, Silvia Ghirini, Alessandra Rossi, Italy

Anneke Risselada, Netherlands

---

<sup>1</sup> SEE APPENDIX

Many people have been involved in a consultation process reviewing, commenting and contributing to different drafts of the report. We are considerably indebted to many colleagues, who have provided advice and support throughout the preparation of the report.

We particularly wish to thank Dr Ann Hope acting as independent reviewer of the whole Project.

We wish to thank the Committee on National Alcohol Policy and Action for the valuable feedback given in occasion of a mini-seminar organized in Luxembourg by DG-SANCO in September 2010.

We would like to thank the Commission staff who gave us the opportunity to prepare this report and who have been supportive and encouraging throughout.

Thanks also go to the many other people who promptly answered all our queries and provided unpublished work.

Finally, we want to thank Rosaria Russo for the technical and administrative support and collaboration given to the working team and to Pierfrancesco Barbariol and Lorenzo Fantozzi for the time spent on the creation and management of the VINTAGE website [www.epicentro.iss.it/vintage](http://www.epicentro.iss.it/vintage).

Needless to say, any error or omission in the content of the report is the sole responsibility of the authors.

## Preface

It is always difficult in practice to define what a best practice is. Worldwide, different views and perspectives, different elements and variables can influence the definition of best practice. The definition should be also influenced by the context, by different economic situation, different resources that could have a role in orienting the policy making process towards practice that, even if not best, should have a relevant impact on the ability to deal with a public health problem. The elderly wellbeing, health care and quality of life are frequently influenced by many relevant factors, and alcohol, according to the systematic review of the scientific evidence on alcohol and the elderly already provided by a VINTAGE dedicated report<sup>2</sup>, appears to be one of the most relevant factor affecting the healthy life of a great number of older people.

Although there is an urgent need to develop good practices and effective policies and programmes to reduce the harmful use of alcohol by older people in all European countries, the results and the overview of the EU survey presented by this report probably does not fully allow to provide an exhaustive, final list of practices based on the need analysis provided through the views and the opinion of the different stakeholders. New forthcoming good practices and effective policies coming from the experience of the different stakeholders will be regularly and constantly updated on the specific VINTAGE website. Nonetheless, some evidences and epidemiological trends clearly identify all over Europe the need to start to reorganize the health services and the specific alcohol treatment services in order to satisfy the specific demand for alcohol prevention programs and treatment opportunities much more sensitive to the impact of an increasing rate of possible, not identified alcohol-related problems or diseases. As a consequence, professionals need to be trained in order to improve their capacity of detecting and managing harmful drinking amongst older people as well as to integrate in the daily practice actions and information tailored on the elderly needs.

The analysis of the grey literature complemented with the systematic review of the scientific evidence on the prevention of harmful alcohol drinking amongst the elderly helped VINTAGE group in identifying the existing gaps in the European Union Member States including relevant information on the knowledge about the transition from work to retirement.

Needs assessment, accessibility, setting approach, collaborative capacity building and partnership, evaluation, sustainability, transferability, availability of results, transparency of funding and support: this is the list of criteria that VINTAGE project cross-checked and applied for an in depth evaluation of a long list of experiences collected across the EU Member States. A list of core criteria that should be adopted ideally in any policy-making process eager to address this relevant Public health issue in the national health planning or strategy.

To reach as many professionals as possible from governmental offices, research bodies, non-governmental institutions and the private sector all over Europe in order to collect best practices has been the main goal of the VINTAGE EU survey whose main results, presented in this report, have been already submitted to a formal debate in the CNAPA, the Committee on National Alcohol Policies and Action, that outlined the need for implementation of best practices in Member State prevention programs.

<sup>2</sup>(Anderson, P and Scafato, E (2010) , Alcohol and older people – a public health perspective. Report from Vintage project ([http://www.epicentro.iss.it/vintage/pdf/VINTAGE%20Report%20Alcohol%20and%20older%20people\\_final.pdf](http://www.epicentro.iss.it/vintage/pdf/VINTAGE%20Report%20Alcohol%20and%20older%20people_final.pdf))

It is questionable which among the wide range of reported activities can represent the gold standard for prevention of alcohol harmful use in older people: laws, restrictions to alcohol access, information messages and campaigns, or alcohol prevention and treatment services sensitive to the elder's need, etc. Probably, any project or action (research, prevention) endorsed with a clear start and end point, any program defined as a group of integrated and long term planned and implemented actions could act as best practices, a definition that should be anyway applied only to those intervention approaches that, through experience or research, have been proven to reliably lead to a desired result in a specific target group of people, in this case the elderly.

The adoption and implementation of activities aimed at increasing public awareness about the negative effects of drinking in late life as well as at tailoring new programs for prevention of the harmful use of alcohol that can meet the special needs of this vulnerable target of the population it is highly supported and recommended by the VINTAGE group. Early detection and brief intervention are central actions to be integrated into a general strategy of prevention embracing a lifespan approach, having in mind that ageing is a process. Health status needs to be controlled and maintained by a competent specific attention to the different levels of exposure to risk factors that change with increasing age, leading to a higher susceptibility to the dangerous effect of alcohol consumption in older age.

The keywords to try to curb alcohol-related problems in the elderly are not only "screening" or "diagnosis" but also and mostly "interventions" to be jointly supported by the institutions and the community. Interventions that will be eased by ensuring that infrastructure for policy development will be in place together with priority setting, monitoring and surveillance, research and evaluation, workforce development and programme delivery as most of the recent WHO relevant documents ask for. Only through a renewed joint effort it will be possible to avoid that a common behavior should have a negative impact on the quality of life and ability to give not only years to life but also life to years to be lived.

It is relevant that the perception that "it's too late to do something" resulting in not targeting alcohol policies and prevention programmes to the older people has been not expressed as a main view or opinion of hundred of stakeholders replying to the survey questionnaire sent all over Europe. It is up to society to solicit the public agenda in order to ensure that strategies and action on alcohol will continue to be considered as a priority in terms of public health prevention and receive a long term support to enable more valuable and positive outcomes aimed at improving health, safety and welfare levels.

Emanuele SCAFATO  
VINTAGE Project Leader  
Rome 10/12/2010



## Introduction

The elderly population of Europe has grown more than twice as fast as the overall population since the early 1980s. With this demographic shift there has been a growing awareness of the importance of older adults' needs in many areas, but drinking and related alcohol problems among the elderly are still a "hidden" issue, often under-detected, neglected and unaddressed in many countries.

Most of the interest is still focused on preventing alcohol consumption among adolescents and young adults, and little attention has been given to alcohol misuse, determinants, perspectives, prevention activities and trends among the older population in Europe.

However, alcohol related problems can begin later in life and due to higher vulnerability, drinking amongst the elderly can increase susceptibility to falls and other injuries. It can also reduce the effectiveness of prescribed medication and cause a range of physical, mental and social difficulties resulting in increased utilization in services and consequent rise of health-care costs.

There is an urgent need to develop practices of effective policies and programmes to reduce the harmful use of alcohol by older people from all countries of Europe and to assess the impact of general policies among older people. There is also the need to develop prevention programs and treatment services sensitive to older people's needs and to train professionals to improve their understanding of drinking amongst older people and the provision of actions and information tailored to their needs.

In this context, however, three major achievements have recently occurred.

Firstly, the publication of the report by Hallgren et al 2010 that outlines (Hallgren M et al, 2009 and 2010) for first time the main health, social and economic effects of alcohol use by the elderly. The report also highlights that in Europe alcohol consumption among the elderly has increased over the past 5-10 years, that most EU Member States do not collect or report trends in alcohol consumption and alcohol-related harms by adults aged  $\geq 65$  years and do not have alcohol consumption guidelines developed specifically for the elderly.

Secondly, the priority given in the Council conclusions (Council of the European Union, 2009) to the development and implementation of effective measures in primary and elderly health care in order to reduce the negative impact of drinking in terms of alcohol-related mortality, morbidity and disability.

Finally the award from EU to the Vintage project (Good health in older age), the first EU funded project aimed solely at providing the evidence base and collecting best practices to prevent the harmful use of alcohol amongst older people including the transition from work to retirement. The Vintage results will support the future implementation of alcohol policies by all member states. The time to act is now! (Scafato E, 2010).

## Objectives

The WP5 of the Vintage project was aimed to collect best practices of effective policies and programs to reduce the harmful use of alcohol by older people.

The content of this report analyses:

- the evidence published in grey literature about innovative practices, projects, programs and if possible best practices on preventing the harmful use of alcohol amongst elderly people in Europe.
- the main results regarding the survey of best practices on alcohol prevention amongst elderly in Europe.

## Methods

The collection of good practices was structured in two strategies: a “grey literature review”<sup>i</sup> of published initiatives and a survey addressed to professionals and researchers throughout Europe.

### Grey literature review

The following terms (organized in four groups) were used to perform the searches:

- “alcohol”, “alcoholism”, “alcohol use disorders”, “hazardous alcohol use”, “harmful alcohol use”, “alcohol abuse”, “alcohol misuse” and “alcohol withdrawal”
- “elderly”, “healthy aging” and “morbidity and mortality”
- “geriatrics”, “elder care” and “gerontology”
- “alcohol rehabilitation”, “prevention” and “intervention”

Once defined, these terms were systematically entered into well-known sources of grey literature and Internet-based databases and meta-searchers. Combinations of terms and keywords were carried out in order to avoid loss of information. However given that each source of information has its particular methodology of searches it was not possible to use a homogenous plan of search.

Specific terminology and keywords, and several combinations between them were used (operated by means of “and”, “or”, “nor”). In some cases sources of information allowed to filter results by date, subject, country and other parameters. In order to be considered as a good practice, the project established that initiatives published in grey literature had to fulfill the following criteria:

- to be specifically designed for the elderly
- its objectives and strategies had to follow scientific evidence
- it should have been implemented in a population, sample or group of old people
- to be assessed and controlled by means of quality criteria.

---

<sup>i</sup> “Grey” literature is defined as “foreign or domestic open source material that usually is available through specialized channels and may not enter normal channels or systems of publication, distribution, bibliographic control, or acquisition by booksellers or subscription agents” (Grey Information Functional Plan, 18 January 1995).

## Survey of best practices

The strategy chosen to collect examples of best practices of effective policies and programmes was inspired in previous successful initiatives and projects carried out in Europe (FASE, 2007) and consisted of reaching as many professionals as possible from governmental offices, research bodies, non-governmental institutions and the private sector and requesting them to respond to a standardized questionnaire or to provide additional contact details from professionals to whom the questionnaire could be also sent.

## Collection strategy

The reach out strategy (see Annex I) was lead by GENCAT but done in collaboration with all the VINTAGE partners. To make it more effective and facilitate the follow up, it was organized in five different geographic areas, and each of the partners was responsible for covering all the countries included in their own area of influence as described below:

- GENCAT - Mediterranean countries (Cyprus, France, Greece, Italy, Malta, Portugal, Spain, Turkey).
- THL (former STAKES) - Nordic and Baltic countries (Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway, Sweden).
- IAS - Continental countries and UK (Austria, Belgium, Germany, Ireland, Luxembourg, Netherlands, Switzerland, United Kingdom).
- IVZ - South-east Europe and Balkans (Albania, Bosnia, Croatia, Kosovo, Macedonia, Montenegro, Serbia, Slovenia).
- SZU - Central Europe countries (Bulgaria, Czech Republic, Hungary, Poland, Romania, Slovakia).

Each partner was asked to report on the possible contacts (see next figure) in their respective countries and for contacting both professionals and researchers in their corresponding areas and for reporting contact person details (name, last name, e-mail and institution), type of institution/centre, date of first delivery, date of fist reminder, date of questionnaire reception and comments/Incidences (see next figure and Annex I).

Country	Contact person details (Name, Last Name, E-mail and institution)	Type*	Date delivery	Date reminder	Date received	Comments and Incidences

\*Type = government; research body; private sector (Non Governmental Organization, etc); other (please, specify which)

They were also responsible for the delivery of questionnaires, for issuing the necessary follow-up reminders and for collecting responses and delivering them back to the work package leader partner.

In addition, the questionnaire was also circulated centrally to members from different networks like [Alcohol Policy Network \(APN\)](#), [National Counterparts for Alcohol Policy in the WHO European Region](#), [Primary Health Care European Project on Alcohol \(PHEPA\)](#), [International Network of Brief Interventions for Alcohol Problems \(INEBRIA\)](#) and [EUROCARE](#) not reached directly by VINTAGE partners. A detailed database with all contact details was produced to avoid overlaps and contacting twice the same professional.

The collection period was initially planned for only 3 months, starting from January (2010) but it was finally extended until the end of June (2010).

## Questionnaire

A standardized questionnaire was developed and sent to all participants together with a brief description on how to fill it in and an explanation of the main terminology and the criteria needed for its proper completion. The questionnaire was developed with the following parts (see Annexe I):

- A brief introduction to the study, its objectives and methods and the instructions for completing the questionnaire including definitions and criteria.
- Contact data: name, email and country
- For those not reporting any PPBp, a “Negative” brief module was included with a 4-point Likert scale from “4” (more important) to “1” (less important). It consisted in five short statements about the reasons of the lack of PPBp to be scored.

If there have been NO innovative PPBp related to preventing the harmful use of alcohol amongst older people including the transition from work to retirement in your country in the last 10 years, please write NO in this  box and rate, under your opinion, the reasons for that:

	MOST IMPORTANT		LEAST IMPORTANT		DN*
Lack of public health policies on elderly addressing prevention strategies on alcohol consumption and related problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low awareness of older adults' needs related with alcohol problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of economic and human resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The perception among policy makers and professionals that it's too late to do anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol impact in the elderly population is unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe): <input type="text"/>					

\*DN= Do not know

- For those reporting a PPBp (positive), a list of questions was asked grouped in 6 components addressing mainly the following issues:
  - Basic facts: name, type of PPBp and aims and objectives.
  - Development: background, origin, main components and target.
  - Implementation: funding, level of implementation, starting date, duration and main results.

- Evaluation: how, when type of evaluation, pre-conditions for success, obstacles, harmful effects and main lessons learned.
- Extra details: website and contact information and references.
- Final comments and suggestions.

## Assessment

All the responses and examples collected were systematically entered by GENCAT into a database to facilitate assessment. Completion of questionnaires was checked and a follow-up strategy by phone and e-mail was carried out aimed at completing missing information and clarifying some confusing details.

A two-step assessment process was carried out. In the first stage examples were analyzed according to the following criteria:

- **Focus of interest:** only alcohol, versus alcohol and other drugs
- **Target population:** exclusively designed for older people, or adapted to their needs; versus general population
- **Evaluation strategies:** not evaluated at all, versus evaluated or still under evaluation
- **Objective and scope:** covering phases from design and implementation to analysis and presentation of results

In the second stage, participants to the survey were approached again in order to establish the initiatives fulfilled the criteria listed below:

- **Needs assessment:** if a pre-evaluation was carried out before developing the project. The needs assessment has to be done before the design and implementation of the plan and must cover specifically older people.
- **Accessibility:** if the program is widely and easily accessible for older people.
- **Setting approach:** it can be any specific geographic area (city, region or country) or a clinical setting. Participants were asked to inform the setting approach where their program was carried out and how the population could take part in it.
- **Collaborative capacity/partnership:** level of participation from different partners, centers and professionals or the existence of collaborative alliances among institutions.
- **Evaluation:** type of evaluation the program has developed to control its quality from the design to the implementation phase.
- **Sustainability:** availability of resources to sustain the initiative over the years.
- **Transferability:** the possibility of transferring the program to other settings and how the program has developed assets which could be helpful for people.
- **Availability of results:** existence of documents, papers and reports in both white and grey literature
- **Transparency of funding/support:** if the source of funding and support is public and transparent.

## Results

### Grey literature review

A total of 21 WebPages were used as sources of information. The annexe II shows the 96 documents found with their references, the source and the methodology used (keywords and terminology) to perform the searches. Sources of information were either at country (n=9; from United Kingdom, France, Spain, Germany), at European (n=7; European Union) or international level (n=5; including United States, Canada, Australia, Europe, etc). Most of the sources were “webpages” (in most of the cases libraries, Institutes of research) and “meta-searchers” (a tool which provides results from several searchers at once, for instance, “MetaCrawler”).

Although a number of references were identified, none of the documents, papers, reports or publications fulfilled the best practice criteria (see methods section above).

In summary, the relevant results found are book chapters (n=19), reviews (n=14), reports (n=11), original articles (n=7), dissertations (n=5), congress communications (n=5), guides (n=3), books and, manuals (n=2), protocols (n=2), case examples (n=2), fact sheets (n=1) and others (n=25).

If we classify them according to their main topic or field of interest we found that the majority are focused on Raising awareness (n=24) or Social reinsertion/harm reduction (n=24), followed by Prevention/early intervention (n=18), Treatment (n=10), Personnel training (n=5), Needs Assessment (n=7), Elder care / Social and community support (n=8).

All documents found have been entered into the [Grey Literature Database](#). It shows a brief description of each document and the complete reference and link (if possible) to access it. The database also facilitates the search by key words, topic or title (see also Annexe II).

				
Topic or Title <input type="text"/>		<input type="button" value="Search"/>		
Title	Description	Reference	Topic	Type
Accommodation Strategy for Older People in Liverpool	Strategy to promote a positive image of ageing and to ensure that older people in Liverpool are able to live as independently as possible within a safe environment of their choice" by addressing, among others, the specialist needs of older people with dementia; learning disability, alcohol/drug dependency, or challenging behaviour (Peter Fletcher Associates).	Accommodation Strategy for Older People in Liverpool. Peter Fletcher Associates. Liverpool final report.	Social and community support	Strategy
Alcohol Use and the Risk of Developing Alzheimer's Disease	Revision of the biological evidence suggesting that alcohol use may be associated with Alzheimer's disease (AD). Although the authors showed a relation between high levels of alcohol consumption and brain damage they also concluded that epidemiologic studies have not confirmed that drinking increases the risk of AD. (Tyas, S, 2001).	Alcohol Use and the Risk of Developing Alzheimer's Disease. Tyas, S. 2001. Alcohol Research & Health, 25(4).	Social reinsertion/harm reduction	Review
Health Evidence Bulletin – Wales. Chapter 2: Healthy living	Educational messages (safe limits advice) on alcohol are more effective if tailored to specific sub groups (children, adolescents, young adults, elderly) and specific situations (work, pregnancy and drink-driving).	Health Evidence Bulletin – Wales. Healthy living. chapter 2.	Raising awareness	Book chapter
Healthy aging: keystone for a sustainable Europe	Main aspects of life expectancy in Europe and how they relate to healthy life years, and what this could mean for EU Member States. Other projects of the European commission related with the misuse of alcohol in the elderly and its consequences.		Raising awareness	Paper
Introduction to substance abuse awareness for seniors: A guide for developing substance abuse awareness program for older adults	Guide raising awareness of the scope and nature of this alarming epidemic, and offering a basic guide to prevention, assessment, intervention, treatment and aftercare. (ATTC, 2007)	Introduction to substance abuse awareness for seniors: A guide for developing substance abuse awareness program for older adults. Regional ATTC Products & Resources. 2007. Addiction Technology Transfer Center Network. Webpage, available in <a href="http://www.attcnetwork.org/regcenters/productdetails.asp?prodID=440&amp;rdID=2">http://www.attcnetwork.org/regcenters/productdetails.asp?prodID=440&amp;rdID=2</a> (accessed July 2010)	Raising awareness	Guideline
A Guide to Planning Alcoholism Treatment Programs	Overview of alcoholism treatment: foundations for success in planning; needs assessment; program design considerations; and administrative and management issues. (McGough, D, 1986)	A Guide to Planning Alcoholism Treatment Programs. McGough, D. 1986. Superintendent of Documents, U.S. Government Printing Office, Washington, USA.	Needs assessment	Guideline
A new paradigm for alcohol use in older persons	Clinical indications of harmful, hazardous, and nonhazardous drinking in persons 65 years of age and older. Authors concluded that alcohol use may be hazardous or harmful for older persons, particularly in conjunction with physical or emotional illnesses, medication use, functional limitations, smoking, and driving after drinking. When asking about alcohol use in older persons, clinicians need to be aware of these factors to assist in identifying and managing potential or actual alcohol-related problems. (Moore, AA, 1999)	A new paradigm for alcohol use in older persons. Moore AA, et al. 1999. 50th Annual Scientific Meeting of the Gerontological-Society-of-America Medical Care, 37(2), 165-179	Social reinsertion/harm reduction	Conference report

24 examples have been classified under **raising awareness** documents and, in brief, cover the following aspects:



- Life expectancy, alcohol and healthy life years, and what this could mean for EU Member States in the near future
- Evidence concerning the projected demand for substance abuse treatment services for older Americans over the next 20 to 30 years
- Alcohol and health services for older women: recommendations for future research on this vulnerable population
- Knowledge and confidence as determinants to prevent alcohol-related risks and problems in older adults
- Public awareness program focused on caregivers education and how to address alcohol-related problems and their prevention
- Report on substance use/misuse (tobacco and alcohol) its importance, detection and diagnosis among older people
- Educational messages and the importance of addressing effective programmes to specific sub groups (children, adolescents, young adults, elderly)
- The amount of the problem of alcohol amongst the Elderly in Europe, main data
- Alcoholism and gerontology, failure to recognize problems of alcohol abuse in later life
- Description of the factors contributing to elderly alcoholism
- Review on the abuse of illicit drugs, tobacco, prescription and over-the-counter medications by the elderly
- Incidence and prevalence of substance abuse among the elderly in USA
- Definitions of alcohol risk, pertinent alcohol screening instruments and techniques
- Guide raising awareness of the scope and nature of alcohol amongst the elderly: a basic guide to prevention, assessment, intervention, treatment and aftercare
- Alcohol dependence and drug use among people 55 and older, changing trends and aging population
- Public Health and alcohol consumption, trends and related harms among the elderly (60 plus) in Europe citizens
- Dementia and alcohol, heavy drinkers, benefits of moderate alcohol consumption and stroke
- Use of alcohol amongst the elderly as a determinant of social isolation, over-medication and mental health
- Patterns of alcohol abuse amongst older women, risk of stigma, use medications, impact on mood, anxiety and depression
- Alcohol abuse amongst the elderly: the size of the problem, the changing pattern of consumption, the types of elderly drinkers, the consequences of drinking at these ages
- Abuse of alcohol amongst elderly, types of elder abuse, signs and symptoms, risk factors and prevention strategies
- Policies affecting older and retired people, active ageing (alcohol-related issues) in Europe

- Older patients and alcoholism. Alcohol levels amongst the elderly compared with younger patients
- General picture of Alcohol misuse among older people in the United Kingdom

24 were classified under **social reinsertion / harm reduction** and they cover the following aspects:

- Trends in alcohol consumption and aging process in a longitudinal study
- Different outcomes, beverages, drinking patterns and lifestyles among the elderly
- Risk of drinking and self-medicating in older women
- Alcohol and ageing, real-life experiences of older women
- Older adults and sobriety, actions, experiences, efficacy of family therapy for substance abuse in the older adult population
- Prevalence of alcohol amongst elderly, assessment and management in the psychiatric and general medical practice
- Alcohol consumption and mortality and mental and functional health in older adults, longitudinal analysis
- Use of alcohol by the elderly and impact on physical, psychological, social and cognitive health
- Three-way interaction among alcohol consumption, ageing process and chronic alcohol exposure
- Biological evidence of alcohol use and Alzheimer's disease (AD)
- Physical brain changes and neuropsychological consequences of alcoholism
- Alcohol use and bone health and osteoporosis in older women
- Moderate drinking is thought to improve overall cognitive function in older adults
- Analysis of the changes in the ageing body's response to drugs and alcohol
- Alcohol use and prescription drugs (especially benzodiazepines), and nonprescription drugs by elderly persons
- Long-term sobriety in exalcoholic man aged from 55 through 65, experiences with alcohol, recovery and quality live
- Alcohol-related problems amongst abusing or dependent drinkers, clinical description of indications of harmful, hazardous, and nonhazardous drinking in persons 65 years of age
- Prevalence of concomitant alcohol and alcohol-interactive drug use in older people
- Alcohol use and suicide among older adults
- Clinical indications of harmful, hazardous, and nonhazardous drinking in persons 65 years of age and older
- Active ageing, vulnerability of older people to mental health problems, isolation and social exclusion, over-medication, polypharmacy and drug alcohol interactions



- Alcohol as a risks factors for developing delirium, multifactorial nature and alcohol history
- Use of alcohol amongst the elderly, suicide, suicide attempts, self-destructive behavior, reckless driving and violent antisocial acts
- Alcohol-related problems and motor vehicle crashes

18 examples have been classified under **prevention and early intervention** documents and, in brief, cover the following aspects.

- Screening tools in the identification of older people with alcohol problems in primary care
- Geriatric alcoholism, barriers to proper assessment, available screening tools, treatment of alcohol withdrawal, alcohol dependence
- Healthy ageing as a population-based intervention, includes moderate alcohol consumption, being active, maintaining normal weight, and being proactive in preventive health
- Early detection and prevention of alcohol abuse among the elderly
- Current demographical trend and lack of recognition of drinking problems among elderly
- Screening alcohol use (frequency and quantity), drinking consequences and alcohol-related problems amongst the elderly
- Prevention and early intervention: programs that have proven effectiveness for the screening of geriatric substance abuse and mental health problems
- Brief alcohol interventions, instructions, pragmatic advice and interviews
- Symptoms and behaviors related to alcohol or drug dependence in the elderly
- Screening and diagnosis of alcohol abuse and dependence in great depth amongst the elderly
- Summary of screening, assessment, and treatment methods for the care of older adults drinking above recommended levels of alcohol
- Prevention and management of alcohol, alcohol screening, brief alcohol interventions and other issues related with elder drinkers
- Self-reported screening measures and guidelines for the selection and use of screening measures
- Methodological implications of formal screening instruments and other clinical measures in the recognition of alcohol problems in primary care
- Relationships between aging and substance abuse, and practical recommendations for clinical practice
- Healthy standards for the elderly
- Problems associated with the screening instruments used for alcohol use disorders in the elderly
- Screening procedures and brief interventions for alcohol abuse among the elderly

Under **treatment** we have classified 10 documents that cover the following aspects:

- Therapy modalities and the group-specific therapies among the elderly
- Growing population and alcohol-related diseases, course of alcohol addiction, consumption patterns, somatic and mental comorbid disorders
- Classification, prevalence, assessment and treatment of Alcohol use Disorders in the elderly
- Availability of treatment strategies for older alcohol abusers and review of research literature on alcohol abuse and older adults
- Substance abuse in older people, recent studies on epidemiology, screening techniques, brief intervention and treatment issues
- Experience of the elderly in alcohol treatments
- Literature on the epidemiology, physical consequences, and treatment of alcohol use and abuse among elderly
- Treatment strategies to assist older alcoholics, interventions, outreach, case management, monitoring of alcohol and drug use, group work in rehabilitation, casework, peer-help and strategies
- Issues and concerns involved in treating older alcoholic clients
- Pilot treatment/research project for late life drinkers who begin abusing alcohol after age 50

5 examples have been classified under **personnel training** documents and, in brief, cover the following aspects.

- Nursing policies, guidelines and clinical expertise to assist elder drinkers
- Education of treatment providers in charge of older adults
- Education programs addressed to pharmacists and other health care professionals responsible for the prevention of alcohol and drug misuse/abuse in older patients
- Educational program addressed to social workers including data on prevalence, drinking guidelines and other particular topics when working with alcohol problems in this the older group of age
- Materials addressed to develop and enhance application skills on how to deal with elderly people affected by alcohol-abuse problems

As **needs assessment** we have classified 7 documents covering in brief the following aspects:

- Alcohol-related policies, practices, and problems experienced by a sample of intermediate care facilities and homes for elderly people
- Life-course patterns of alcohol consumption among Mexican Americans, Cuban Americans, and Puerto Ricans residing in United States
- Epidemiology and clinical effects of alcohol use in ageing men

- Alcohol use among older women, related risk factors and beneficial effects, screening methods to detect alcohol problems in this population, and treatment and prevention approaches
- Problem drinking in the elderly as a public health problem, signs predicting the increasing problem of drinking in coming generations, geriatric alcoholism, screening and diagnostic methods for older persons
- Definition of the criteria for the prevention and treatment of alcohol misuse among old people
- Alcoholism treatment, foundations for success in planning, needs assessment, program design considerations and administrative and management issues

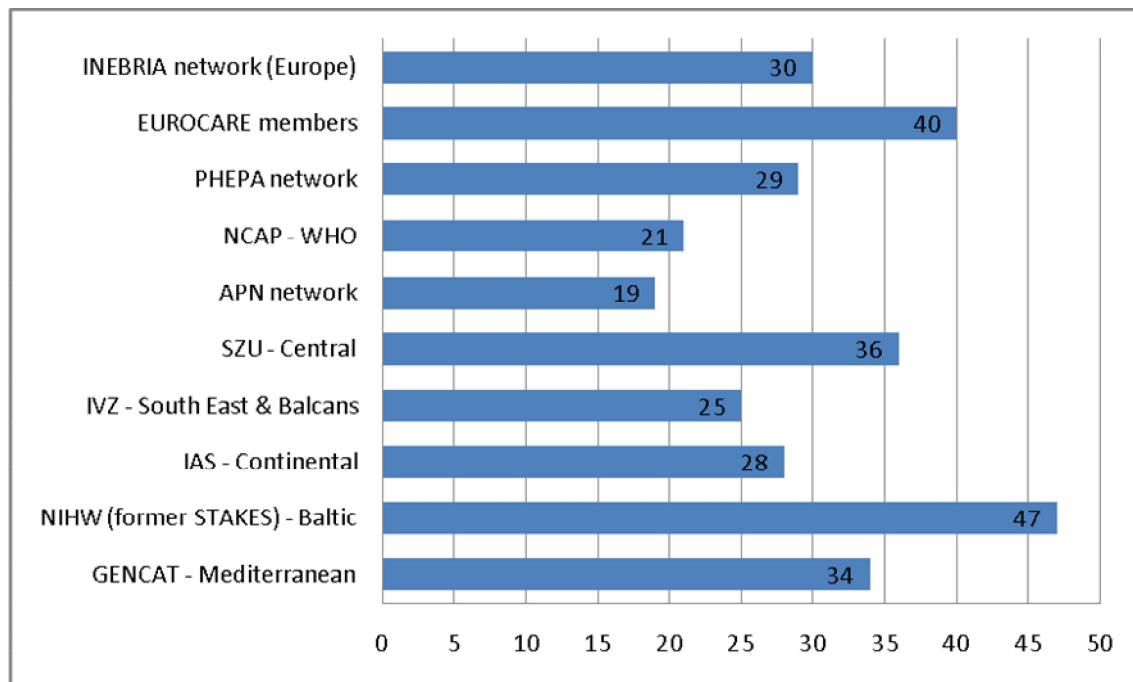
8 examples have been classified under **elder care / social and community support** documents and, in brief, cover the following aspects:

- Drinking patterns in three retirement communities as a part of the residents' social behavior
- Promotion of a positive image of ageing to ensure that older people are able to live as independently as possible
- Drinking histories and patterns treated patients who were enrolled in a social community support
- Characteristics of the late-life onset elderly alcohol abusers, physical/medical problems, social network, financial and legal problems
- Information, support and assistance through a range of programmes and activities, to any individual or organisation within the voluntary or public sectors that have an interest in or are involved with people whose lives are affected by alcohol
- Pan-European research project addressed to solve the needs of elderly and physically impaired people, including lifestyle risk factors as obesity, blood pressure, smoking, alcohol abuse
- Alcohol abuse and dependence in geriatric homes and community-dwelling for the elderly
- Determinants of mental well-being and its association with alcohol as a predictor of falls in the elderly

## Survey of best practices

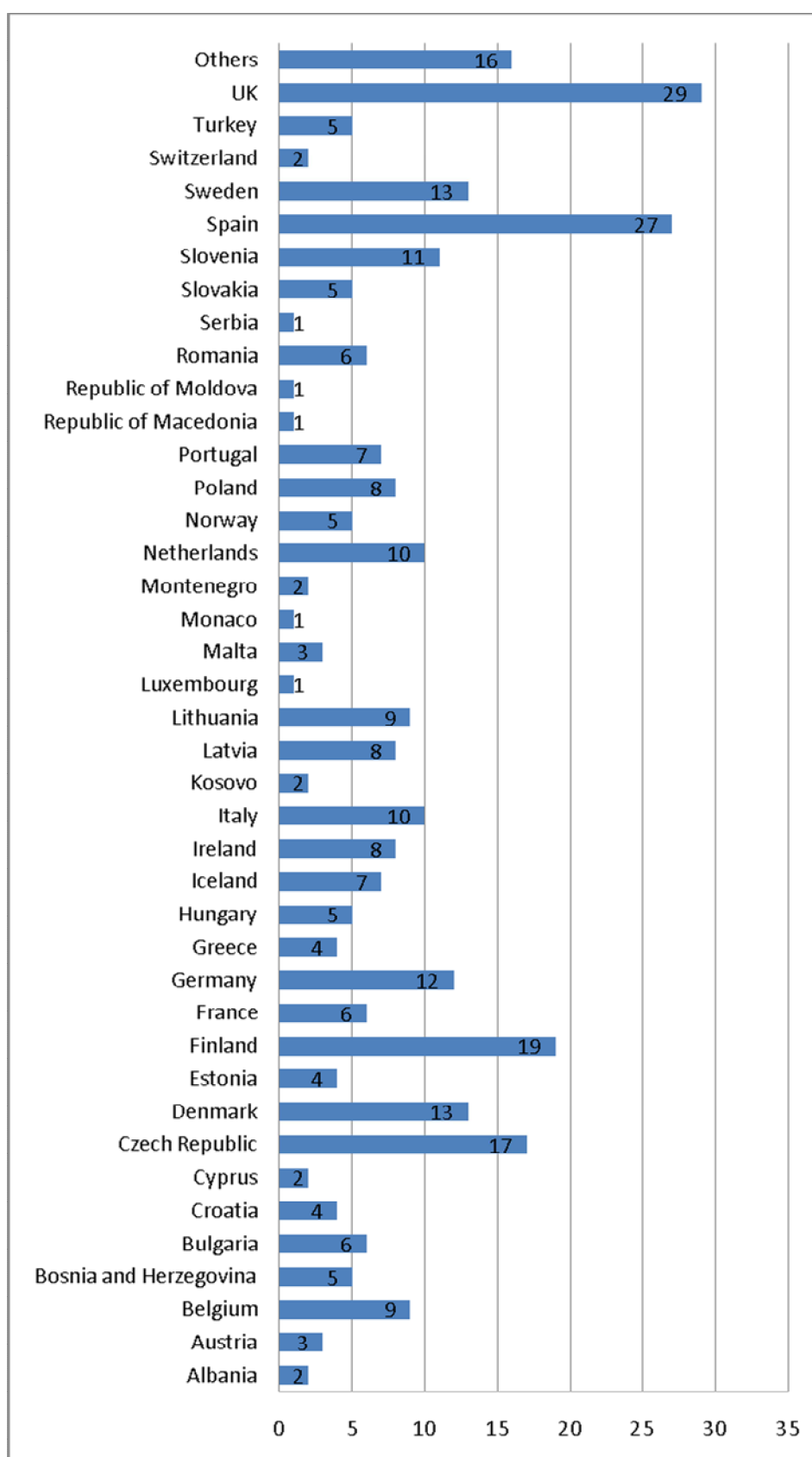
### Characteristics of contacted people

The Figure 1 shows the distribution of contacted people among Europe by source. A total of 309 experts/participants received the questionnaire.



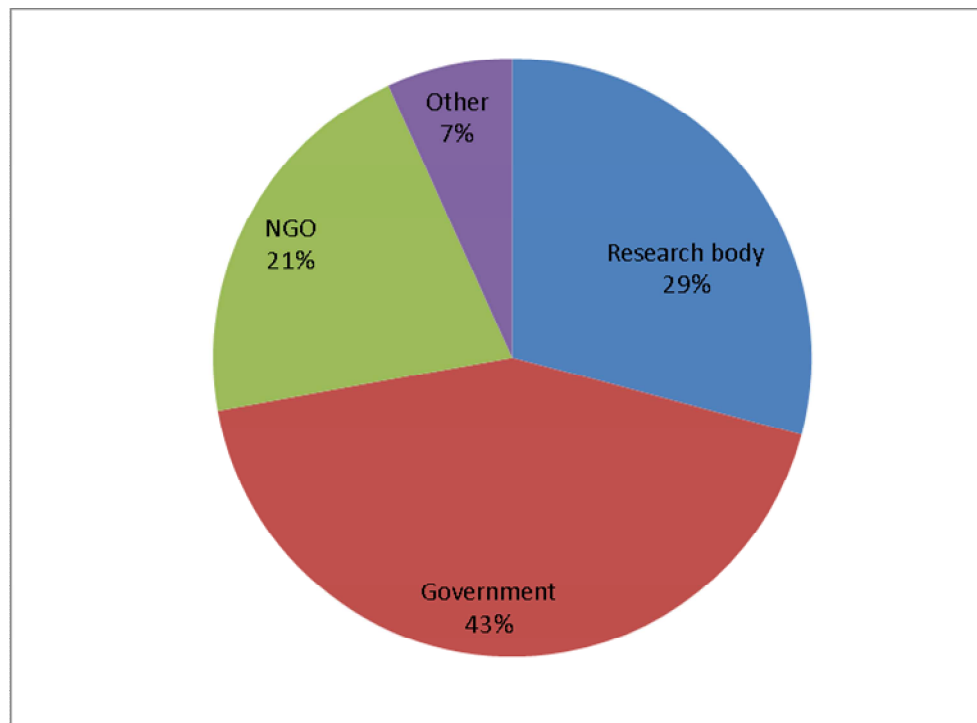
**Figure 1.** Experts/participants by source

Figure 2 shows the number of participants that received the questionnaire by country. UK is the country where the questionnaire was most distributed (n=36), followed by Spain (n=26), Finland (n=18) and Czech Republic (n=17).



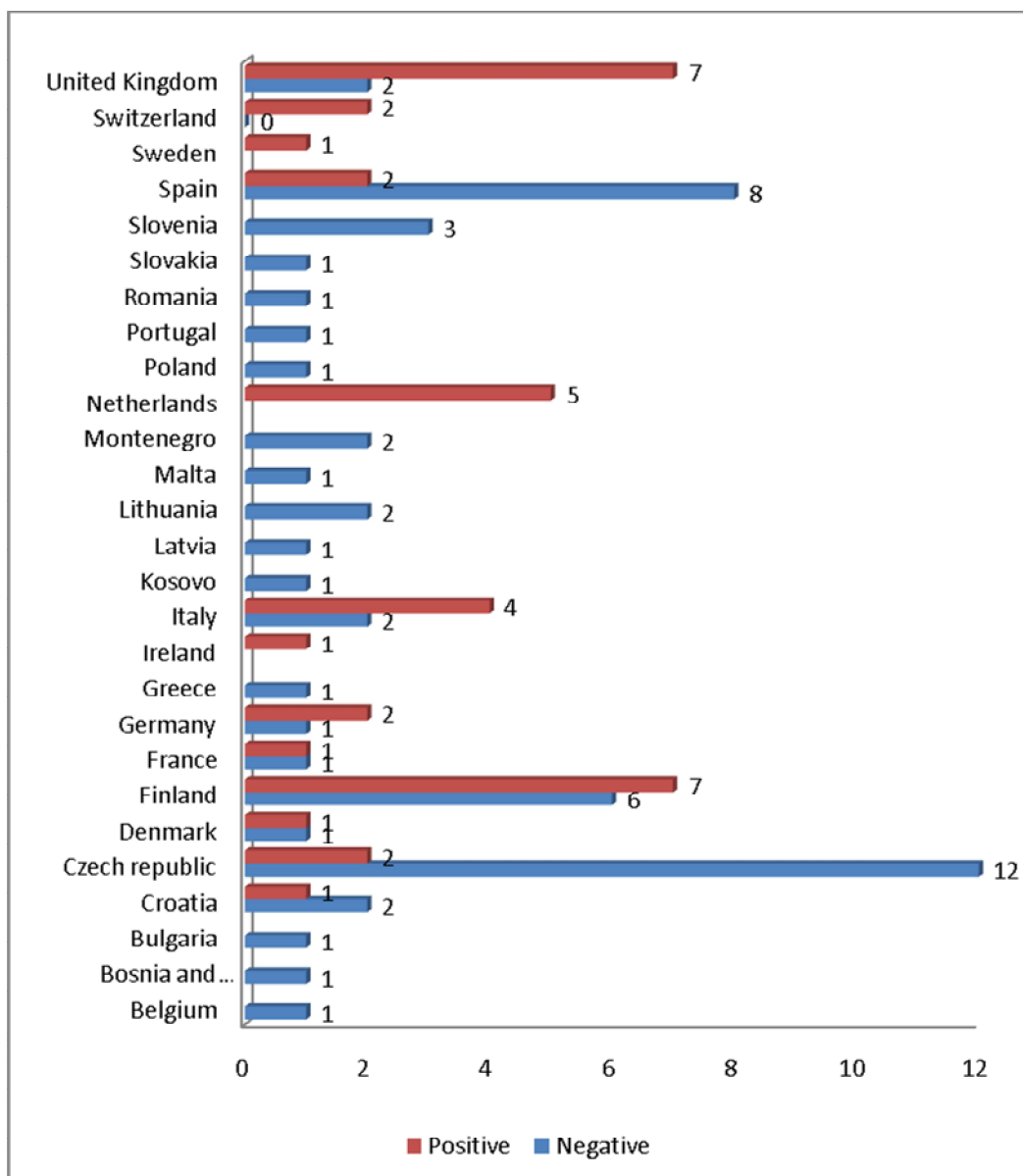
**Figure 2.** Experts/participants by country

As regards the type of institution, 133 (43%) contacts are from governmental institutions, 90 (29%) from research bodies (mainly universities), 65 (21%) from non-governmental organizations (NGO) and 21 (7%) from other types of institutions (or type of institution not reported) (Figure 3).



**Figure 3.** Experts/Participants by type of organization

53 negative and 36 positive responses were finally received. See in Figure 4 the distribution of the type of response received by country.



**Figure 4.** Type of responses by country

#### **Negative responses and reasons for absence of best practices**

Table 1 shows the mean response in the 5 questions. Scores ranged from “4” (most important) to “1” (least important), a high score means a high perception of the participants about the importance of such factor on the absence of best practices in their country.

**Table 1.** Mean responses on the reasons for the absence of projects, programs or PPBp as reported by the participants in the Vintage project.

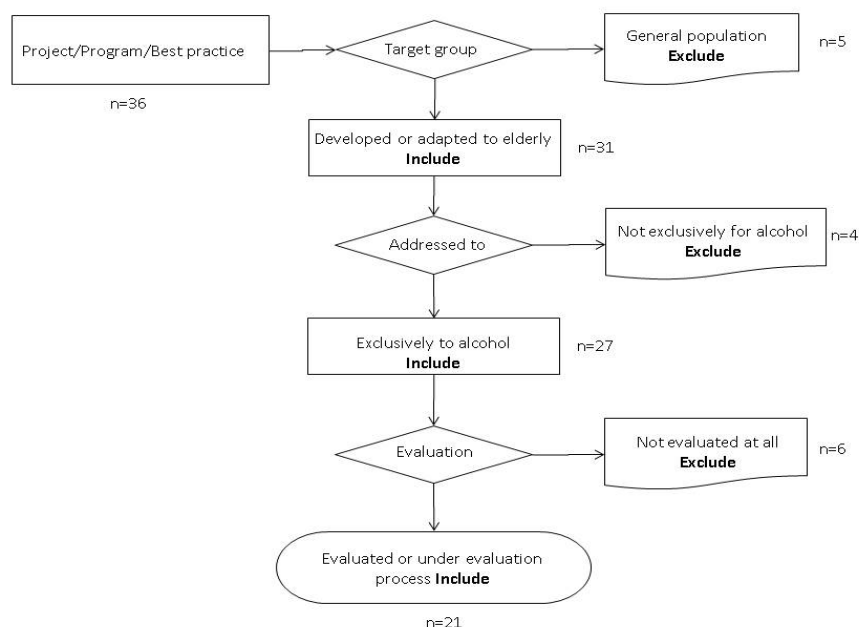
Lack of public health policies on elderly addressing prevention strategies on alcohol consumption and related problems.	3.36
Low awareness of older adults' needs related with alcohol problems (1)*	2.94
Lack of economic and human resources (1)	2.62
The perception among policy makers and professionals that it's too late to do anything (4)	2.12
Alcohol impact in the elderly population is unknown (1)	2.52

\*In ( ) the number of missing values

Regarding the reasons of the absence of good practices to prevent the harmful use of alcohol amongst elderly people in Europe, participants pointed out the lack of public health policies on elderly addressing prevention strategies on alcohol consumption and related problems as the leading cause (mean score 3.36). In contrast, the perception among policy makers and professionals that “it’s too late to do anything” was considered as the least important cause of the absence of such good practices (mean score 2.12).

### Positive responses

Table 2 shows the 36 projects, programs or PPBp's and their main characteristics. All the 36 reported initiatives were assessed following the flowchart shown in the figure 5.



**Figure 5.** Assessment strategy for the inclusion of PPBp initiatives.



## **Quality assessment**

Table 3 shows the quality assessment of the 36 PPBp, this analysis was based on the information reported by the participants in the study and some e-mails and phone interviews. In the light of the nine parameters defined as preconditions of a best practice, the main results obtained were:

**Needs assessment:** 86% of the examples reported having done a needs assessment study prior to its design. Most of the examples included pilot experiences or previous researches and surveys.

**Accessibility:** 62% of the initiatives were widely accessible for the older age group, 22% of them were adapted to be accessible to the older group of age, and 16% were not accessible for this age group.

**Setting approach:** 50% of the initiatives were implemented at the community level, 22% were implemented in health settings, 14% covered social care services, 11% were implemented at elder homecare, and 3% were implemented at other type of setting.

**Collaborative capacity/partnership:** 20% of the 36 initiatives were reported having developed strategies to enhance the collaborative capacities and partnership.

**Evaluation:** 70% were evaluated or are currently under evaluation, 25% reported the absence of evaluation and 5% did not respond to this question.

**Sustainability:** 5% of the responses did not provide information about their sustainability. 47% were time limited (less than one and not more than 2 years) and 48% reported being sustainable through its integration in the system.

**Transferability:** Almost all the participants in the study (92%) considered that their initiatives can be transferred to other settings, contexts our countries.

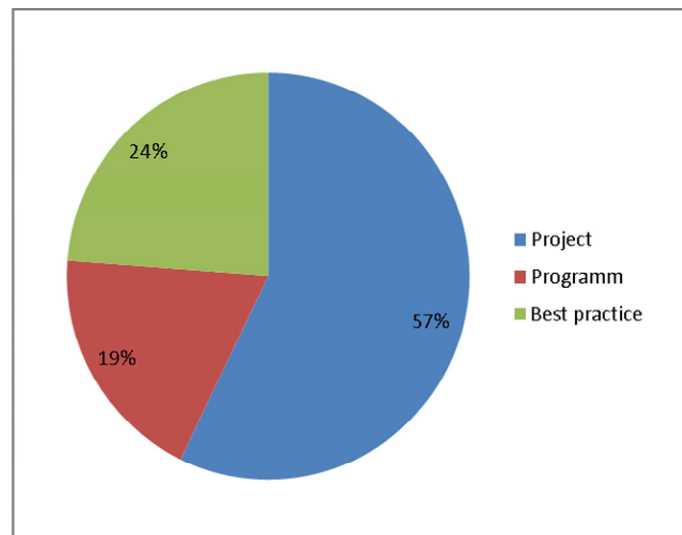
**Availability of results, documents:** 32% of the initiatives have not been published or communicated and 64% have been published as a report, website, journal paper or guide (not information was received from 5% of the PPBp).

**Transparency of funding/support:** More than 50% of the initiatives were funded by the government.

Only those initiatives that fulfilled at least some of the previous criteria and were targeted “only to older adults” or at least “adapted to older needs” were finally considered as best practices.

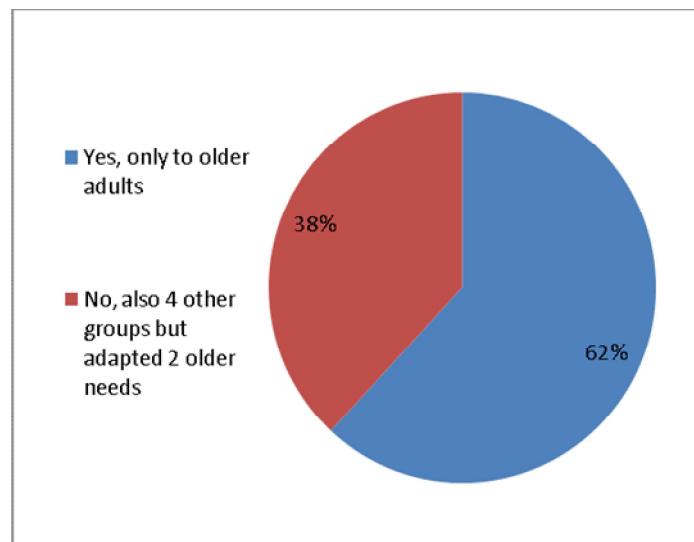
The assessment resulted in the inclusion of 21 initiatives, 58% of all the initiatives received. The complete description of the initiatives is available through the database (see section below).

The majority were projects (57%).



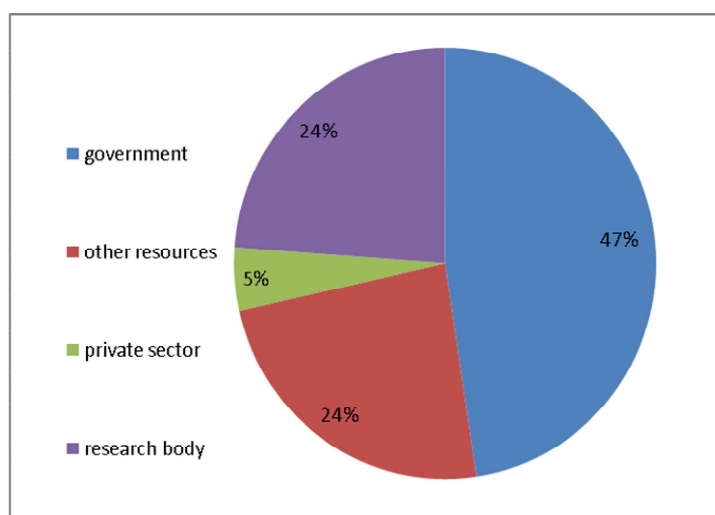
**Figure 6.** Reported initiatives by type

62% were targeted only to older adults (Figure 7).



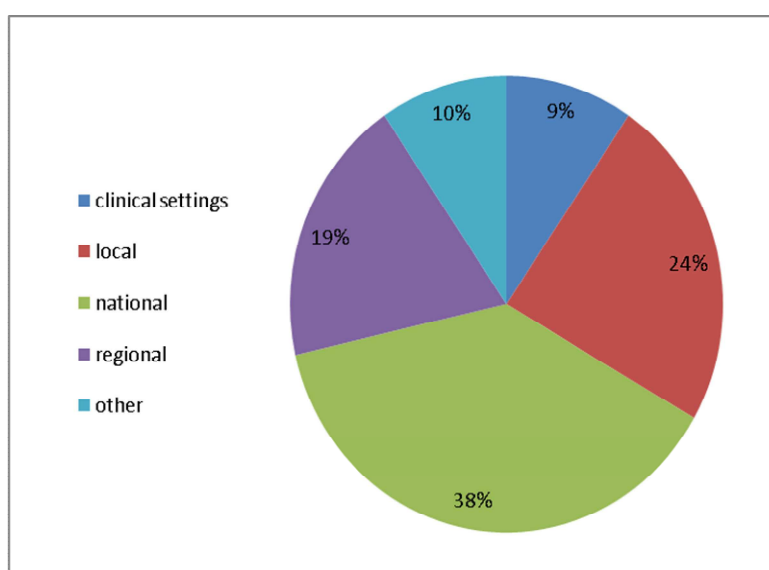
**Figure 7.** Reported initiatives by target population

47% were funded by the government followed by those funded by research bodies (Figure 8).



**Figure 8.** Reported initiatives by source of funding

Finally, figure 9 shows the level of implementation. The majority are initiatives implemented at national level (38%) followed by local and regional implementation (24% and 19% respectively).



**Figure 9.** Reported initiatives by level of implementation.

In summary, the 21 reported initiatives for the prevention of harmful use of alcohol implemented in Europe were mainly projects, addressed exclusively for elderly, funded by the government and implemented at national level. Regarding their main elements the most common issues covered were: prevention/early intervention, raising awareness, social and community support (n=15), other elements such as personnel training (n=2) elder care (n=2), treatment (n=1) and needs assessment (n=1) were less common.

Reported initiatives included the issuing of protocols, clinical guidelines, models of patient attendance and networking strategies.

On the preconditions for success, the most relevant of those reported were professional empowerment, the direct and active participation of the people affected, the collaboration between different partners, the support of governmental and academic institutions and a clear and constant communication during the whole process.

14 of the participants reported obstacles found during the implementation of initiatives, among them, delayed implementation due to changes in the organizational structure, lack of an effective and wider communication strategy, absence of support at the management and professional level, time limitation, the absence of networking strategies and discontinuation in the financial support (2 cases).

On suggested strategies to improve their initiatives, the following were reported: having extra funding to contract more professionals, working in networks and creating research-groups and models. Better communication, dissemination, partnership and integration strategies were also reported as areas of improvement.

## Database on best practices

In order to facilitate the consultation and dissemination of the results obtained, a [searchable electronic database](#) (Internet base) has been developed following the example of the [lmhpa project](#). It is also accessible through the [project website](#).

### Sections in the database (database lay-out)

Two levels of display are provided:

- A table with a more detailed description (a few descriptors) of the programme and target group, risk factors, level of prevention, etc.
- A two pages description on a specific programme, including references and contact details.

The number of initiatives published in the database is 21, and have been included with the permission of the professionals who provided them. All fulfilled the established criteria (Figure 5).

The database includes several headings (see following image):

1. Home: General introduction on the database and its functioning
2. Information/Background: Guidelines for the user of the database and its development
3. Database: Information on Study and the elaboration of the database
4. Using the Database: Detailed information on how to use the database and contact information/feedback
5. Submit your Best Practice: Online questionnaire for others professionals and researchers interested in communicating their initiative
6. Reading/Links: Grey Literature about the prevention of alcohol-abuse amongst the elderly

### Audience

The database are mainly addressed to a potential audience of professionals and researchers all across Europe, and eventually throughout the world, interested in the prevention of alcohol-abuse problems amongst the elderly. Given the heterogeneity of collected Best Practices and grey literature this Web-page might also be useful for policy makers and other type of managers.

## Usability

The descriptions of best practices are available by two different strategies, through a search engine and by topic area/setting. Firstly, programmes could be accessed by a searchable electronic engine system on the basis of key words to identify specific combinations of programme dimensions, for example:

- Type of program (Country, Language),
- Topic area (Raising awareness, Personnel Training, Prevention/early intervention, Treatment provision, Harm reduction, Social and community support and others),
- Target group (Exclusive for elderly, Not exclusive to elderly but adapted, others),
- Setting (Hospital, Primary care, Residential care, Community level, others) and
- Evaluation (Evaluated, in process).

By clicking in “Show all programmes” all the initiatives finally included in the Vintage project can be shown organized according to the topics mentioned above and including the possibility to get to a brief description of the initiative.



PROGRAM NAME	COUNTRY/LANGUAGE	TOPIC/AREA	TARGET GROUP	SETTING	EVALUATION
<a href="#">Older Adults Support Service in Southwark (London, UK)</a>	Languages: English Countries: United Kingdom	Social and community support	Only older adults	Community	Yes, in progress
<a href="#">Dataclub Project</a>	Languages: Italian Countries: Italy	Social and community support	Not exclusive for older adults but adapted	Community	Evaluated
<a href="#">Alcohol services Lifestyles Team</a>	Languages: English Countries: United Kingdom	Prevention (early intervention)	Not exclusive for older adults but adapted	Health setting/Hospitalization	Evaluated
<a href="#">Alcohol &amp; Older People</a>	Languages: English Countries: United Kingdom	Social and community support	Only older adults	Health/Social Care	Evaluated
<a href="#">Independent in seniority – addiction issues can be solved</a>	Languages: English German Countries: Germany	Raising awareness	Only older adults	Community	Yes
<a href="#">Ald en in jonkie</a>	Languages: Dutch Countries: Netherlands	Elder care	Only older adults	Elder Home care	Yes
<a href="#">CASA, Older Persons' Service</a>	Languages: English Countries: United Kingdom	Social and community support	Only older adults	Health/Social Care	Yes
	Languages: English				

The search field allows performing searches by any of the topics, keywords and fields included in the selected initiatives. In addition, by clicking in “advanced search” a number of variables are available and allowing as well to filter and search more detailed information.



**Description**

**Background**  
It was felt that older people with alcohol problems needed interventions and support that were designed to meet their specific needs

**Objectives**  
To offer counselling, group work and other forms of support to people aged 55+ with alcohol problems (no upper age limit)

**Main elements**  
Training of professionals working with older people. Identification and assessment. Treatment provision

**Results**  
As their main results authors reported they have developed an effective model to help older people deal with problematic drinking and its personal and social consequences

**Evaluation**  
Both, statistical analysis and user evaluation

**Preconditions for success**  
Two main factors were reported as conditions of success: the demonstration that it is possible to engage and work effectively with an older client group, many of whom have complex needs and secondly, the fact that serious alcohol misuse in older adults can be addressed successfully

**Obstacles encountered**  
Authors reported that it is an ongoing challenge to demonstrate that older people have different needs in terms of treatment – particularly that

By clicking on a specific program the complete fiche of the project and detailed about its authors are shown

Finally, the original questionnaire has been made available on-line to facilitate a sustainable strategy to submit and collect new initiatives and update the database even after completion of the study period. The quality assessment and inclusion of examples in the database will follow the same strategy carried out with the current initiative.

## Conclusions

The Vintage project was designed to build capacity by providing the evidence base and collecting best practices to prevent the harmful use of alcohol amongst older people, including the transition from work to retirement, and to invest in older people's health and well-being. As a part of the Vintage project this report summarizes the main findings obtained from the grey literature analyses and the collection strategy of best practices.

From both strategies it can be concluded that regardless of the quality and considering the variety of publications and reports, there has been a growing interest on the analysis of the harmful use of alcohol amongst the elderly in the last years.

A good amount of grey literature was addressed at raising awareness on the alcohol consumption patterns amongst the elderly, followed by the impact of alcohol consumption on the health of elderly and the provision of evidence on the efficacy of early detection. The high number of publications on social reinsertion and harm reduction might also reflect the increasing need to adequately deal with the elderly affected by alcohol related problems, mainly those at risk of physical (i.e. bone density) and mental conditions (i.e. Dementia and Alzheimer Disease). It is also important to highlight the relevance given in these studies to the risks of stigma and social exclusion among elderly.

Other of the most common references found in the grey literature review were those regarding prevention and early interventions. It is important to highlight the importance of studying the use of medication among the elderly and the potential risk for their physical and psychological well-being of the concomitant use of alcohol. Published as a revision paper Moore AA et al (2007) analysed the concomitant use of alcohol and some types of medications amongst the elderly concluding that it poses a variety of adverse consequences depending on the amount of alcohol and the type of medications consumed. In fact, these authors recommended to explore alcohol and medications together counselling the elderly about their safe use. In our study counselling strategies were categorised as Prevention and early intervention. In addition, this category includes many publications addressed to identify, screen, assess, intervene, treat and other issues related with elder drinkers. The existence of these types of publications was reviewed and reported as very important given to its role raising the awareness among clinicians as well as their role in identifying and addressing alcohol abuse issues in the older adult population (Loukissa D, 2007).

Regarding the assessment of alcohol-related problems amongst the elderly, its screening and management other authors have also review the most relevant literature. Some of them have provided accurate overviews on the alcohol use, prevalence of drinking and best practices in assessment and psychological treatment (Sorocco, KH and Ferrell SW, 2006). In concordance with the evidence found in grey literature these authors note age-appropriate psychological treatment interventions that include brief interventions, family interventions, motivational counselling, and cognitive behavioural therapies. Barriers to assessment and treatment are also discussed.



Although our results are restricted only to grey literature, we have found information on positive and negative alcohol-related health effects in the group of elderly, a fact also suggested in a systematic review published by Reid MC, et al (2002). According to these authors the magnitude of risk posed by alcohol use on the morbidity and mortality of older adults is still uncertain. Grey literature reflects somehow the growing body of literature and information on alcohol-related problems amongst the elderly and providing a complement of other types of information on this field.

The survey on PPBP, has resulted in a total of 21 initiatives being considered as best practices, according to the assessment protocol. The majority were grouped under the categories of Prevention/early intervention, Raising awareness and Social and community support. This increasing interest of researchers and professionals in Europe to study alcohol and its negative implications among the elderly can be considered an indicator of what some previous authors have argued: the need to adapt all the policies and strategies to the elder needs. The implication of governmental institutions were reflected in the fact that most of the reported initiatives were funded with public funds. However, only a few of the PPBP were reported to be integrated in the system as permanent prevention strategies and only a few have been properly evaluated and published in a peer review journal. The lack of permanent funds were reported as one of the main determinants of the implementation of permanent and long-lasting initiatives for the prevention of alcohol harmful use amongst the elderly.

When taking into account both sources of information, it can be concluded that:

- Public awareness about the effects of drinking at old age is growing even if a critical mass supporting higher levels of awareness and public health activation has to be achieved. Nonetheless, there is not only an increasing literature on drinking in the elderly but also some relevant, specific initiatives that have been carried out with promising results.
- The increasing interest on the publication of grey literature seems to adequately respond to the changing demographical context and its complexity.
- Although the objective of our study was to identify grey literature, comparisons of our results showed high concordance with systematic reviews published by other means.
- The implementation of new programmes for the prevention of the harmful use of alcohol are needed and will hopefully meet the special needs of the elderly and the diversity of factors affecting this group of population also taking into account the need for a gender approach.
- Screening and intervention techniques are increasingly available at research level but still lack integrating the related instruments into daily practice and specific initiatives.
- There is an overall lack of evidence and initiatives to support the elderly with alcohol related problems and diseases by means of community level initiatives.

It is recommended that efforts be made to:

- Assess the feasibility and appropriateness of instruments to be used among elderly population.
- Use grey literature as a helpful source of information addressed to ensure professionals,

researchers, policy makers, students and interested people have a broader view on the prevention, intervention and social reinsertion of elderly affected by alcohol-related problems.

- Improve the dissemination of grey literature as well its availability in a broader context.
- Create standards to assess the efficacy of preventive initiatives addressed to older adults in Europe.
- Implement long-lasting initiatives for a comprehensive process, including professional training, needs assessment and a balanced provision of treatment.
- Create an upgradable database including the current and future initiatives addressed to the prevention of the harmful use of alcohol amongst the elderly at European level.

A renewed effort should be made to increase elderly people's empowered in terms of capacity to better deal with alcohol risks and supported in the need to reduce an avoidable burden of diseases hopefully ensure a higher level of awareness and healthier behaviour.

## References

Council Conclusions on Healthy and Dignified ageing. 2980th Employment, Social Policy, health and consumer affairs Council meeting. Nov 2009. [http://www.se2009.eu/polopoly\\_fs/1.25774!menu/standard/file/CC%20healthy%20dignified.pdf](http://www.se2009.eu/polopoly_fs/1.25774!menu/standard/file/CC%20healthy%20dignified.pdf)

Focus on Alcohol Safe Environment (FASE). European Commision Project, 2007. <http://www.faseproject.eu/wwwfaseprojecteu/home/home.html>

Hallgren M, Högberg P & Andréasson S. Alcohol consumption and harm among elderly Europeans: falling between the cracks. Eur J Public Health, Advance Access published on August 13, 2010. <http://eurpub.oxfordjournals.org/cgi/reprint/ckq111v1>

Hallgren M, Högberg P, Andréasson S. Alcohol consumption among elderly European Union citizens Health effects, consumption trends and related issues. Swedish National Institute of Public Health on behalf of The Ministry of Health and Social Affairs in Sweden. Expert Conference on Alcohol and Health 21–22 September 2009 Stockholm, Sweden <http://www.fhi.se/PageFiles/7938/alcohol-consumption-among-elderly-european-union-citizens-2009.pdf>

Loukissa D. Under diagnosis of alcohol misuse in the older adult population. Br J Nurs. 2007 Nov 8-21;16(20):1254-8.

Moore AA, Whiteman EJ, Ward KT. Risks of combined alcohol/medication use in older adults. Am J Geriatr Pharmacother. 2007 Mar;5(1):64-74.

Peters, R; Peters, J; Warner, J; Beckett, N & Bulpitt, C. Alcohol, dementia and cognitive decline in the elderly: a systematic review. Age Ageing. 2008 Sep;37(5):505-12. Epub 2008 May 16.

Reid, MC; Boutros, NN; O'Connor, PG; Cadariu, A. & Concato, J. The health related effects of alcohol use in older persons: a systematic review. Substance Abuse 2002 23 149-164.

Scafato, E. Alcohol and the elderly: the time to act is now! European Journal of Public Health, 1–1, August 2010. <http://eurpub.oxfordjournals.org/>

Sorocco, KH & Ferrell SW. Alcohol use among older adults. J Gen Psychol. 2006 Oct;133(4):453-67.

## Appendix

The Vintage Project Group is composed of:

**Emanuele SCAFATO**, Istituto Superiore di Sanità - Population Health and Health Determinants Unit-CNESPS - WHO Collaborating Centre for Research & Health Promotion on Alcohol and Alcohol-Related Health Problems, Rome, Italy (Project Leader)

**Peter ANDERSON** - Faculty of Health, Medicine and Life Sciences, Maastricht University, Netherlands

**Lucia GALLUZZO** - Istituto Superiore di Sanità - Population Health and Health Determinants Unit-CNESPS - WHO Collaborating Centre for Research & Health Promotion on Alcohol and Alcohol-Related Health Problems, Rome, Italy (Project Coordinator)

**Onno VAN SCHAYCK** - Maastricht University, School for Public Health and Primary Care: Caphri, Maastricht, Netherlands

**Joan COLOM** - Government of Catalonia, Department of Health, Program on Substance Abuse, Barcelona, Spain

**Lidia SEGURA** - Government of Catalonia, Department of Health, Program on Substance Abuse, Barcelona, Spain

**Andrew McNEILL** - Institute of Alcohol Studies, Huntingdon United Kingdom

**Sandra RADOS KRNEL** - Institute of Public Health, Research Centre, Ljubljana, Slovenia

**Salme AHLSTROM** – National Institute for Health and Welfare, Helsinki, Finland

**Esa OSTERBERG** - National Institute for Health and Welfare, Helsinki, Finland

**Hana SOVINOVA** – National Institute of Public Health, Coordination, Monitoring and Research Unit, Praha, Czech Republic

**Claudia GANDIN** - Istituto Superiore di Sanità - Population Health and Health Determinants Unit-CNESPS - WHO Collaborating Centre for Research & Health Promotion on Alcohol and Alcohol-Related Health Problems, Rome, Italy

**Silvia GHIRINI** - Istituto Superiore di Sanità - Population Health and Health Determinants Unit-CNESPS - WHO Collaborating Centre for Research & Health Promotion on Alcohol and Alcohol-Related Health Problems, Rome, Italy

**Sonia MARTIRE** - Istituto Superiore di Sanità - Population Health and Health Determinants Unit-CNESPS - WHO Collaborating Centre for Research & Health Promotion on Alcohol and Alcohol-Related Health Problems, Rome, Italy

**Alessandra ROSSI** - Istituto Superiore di Sanità - Population Health and Health Determinants Unit-CNESPS - WHO Collaborating Centre for Research & Health Promotion on Alcohol and Alcohol-Related Health Problems, Rome, Italy

**Lucilla DI PASQUALE** - Istituto Superiore di Sanità - Population Health and Health Determinants Unit-CNESPS - WHO Collaborating Centre for Research & Health Promotion on Alcohol and Alcohol-Related Health Problems, Rome, Italy

## Tables and Annexes

**Table 2.** Reported initiatives, type and objective.

Initiative	Type of PPBp	Main objectives
<b>Case 1</b> - "Ald en in jonkje"	Program	Educating people of a nursing home for elderly people about the consequences of alcohol use
<b>Case 2</b> - "CASA Older Persons' Service"	Project	It's designed to offer counselling about alcohol problems amongst people aged 55+. Its main elements are: Training of professionals working with older people; Identification and assessment; Treatment provision; and to publicize the needs and characteristics of the client group
<b>Case 3</b> - "Older Adults Support Service in Southwark UK"	Best practice	Includes both alcohol and drugs misuse and their diagnosis and minimization. It also has a training program to professionals
<b>Case 4</b> - "Alcohol & Older People"	Project	The project has several objectives. Collaborates with mental health teams. Is addressed to agencies of community care and provides training on alcohol issues.
<b>Case 5</b> - "Alcohol services Lifestyles Team"	Best practice	Identification of alcohol problems in hospital attendance. Provide effective interventions. Reduce perceptions of stigma around alcohol
<b>Case 6</b> - "Clubs of treated alcoholics"	Best practice/program	Rehabilitation and re-socialization of treated alcoholics and their family
<b>Case 7</b> - "Toimintamallit käytännöiksi 2006-2008"	Project/Best practice	To develop best practices in alcohol and drug treatment for different treatment contexts
<b>Case 8</b> - "Review of efficient and existing preventive intervention to reduce harmful use of alcohol among older people"	Project	1/ To highlight existing international interventions (published or not in scientific reviews) in addiction prevention among older people; 2/ to review systematically the literature on efficient interventions; 3/ to contribute to guidelines for health or social professionals working with older people.
<b>Case 9</b> - "Expertenforum Altersalkoholismus des Kantons Zürich"	Project	Exchange of know-how between experts, improvement of specific treatments
<b>Case 10</b> - "Ageing in good health"	Project	Aim of the project is to support elderly people (aged 65 and more) in a way that allows them to live as healthily and autonomously as possible
<b>Case 11</b> - "Independent in seniority – addiction issues can be solved"	Project	To raise awareness and educate on addiction issues among the elderly. It is not solely focused on Alcohol, but also on prescription drugs and tobacco. Target groups were elderly (60+) and professionals in the health and care sectors that work with the elderly.
<b>Case 12</b> - "Protocol alcohol, elderly and fall incidents at emergency rooms"	Program	To detect alcohol-misuse at an early stage in the over-55's
<b>Case 13</b> - "Dataclub project"	Project	To create a system for evaluating the results of a model for treatment of alcohol-related problems and complexes based on the activity of self-help groups of CAT (community of local families developed by the Croatian psychiatrist Vladimir Hudolin)
<b>Case 14</b> - "Tratamiento de enolismo crónico y otras drogas para transeúntes sin hogar"	Best Practice	To improve wellbeing of homeless people including the total abstinence of alcohol and drugs and other addictive behaviors.

**Table 2 (continued).** Reported initiatives, type and objective.

Initiative	Type of PPBp	Main objectives
<b>Case 15</b> - "Alcohol and Older People"	Project	To highlight the issue that older people have significant alcohol problems
<b>Case 16</b> - "Too much is always too much - ageing and alcohol project"	Project	To develop, through client work, processes of addiction work suitable for attending to and treating the elderly. To inform people of the adverse effects alcohol can have on the health of the elderly. To increase know-how on substance abuse and elderly care professionals. To conduct a survey on the drinking habits of the elderly. To generate discussion about the topic
<b>Case 17</b> - "Coordination of treatment of alcohol and drug problems in Kainuu"	Project	To create a network of home care personnel which will prepare suggestions as to how to treat alcohol and drug problems among the elderly in Kainuu. Network: to inform the members of current knowledge related to the alcohol problems among the elderly and 2. to bring knowledge from the field ( everyday situations, means, challenges) to the network
<b>Case 18</b> - "A model for alcohol and drug treatment services and mental health services for elderly"	Project	To chart the need for know-how in alcohol and drug work and mental health work among the personnel of home care services and care for close relatives. To increase the know-how in alcohol and drug work and mental health work among personnel working with elderly with early stage, tailored training. To develop a job pair model for alcohol and drug work and mental health work taking place in elderly people's homes and service homes. To develop an appropriate operational model for alcohol and drug work and mental health work among elderly with collaborators
<b>Case 19</b> - "Development of alcohol and drug treatment services in Itä-Uusimaa"	Project	To develop alcohol and drug treatment services for elderly in municipalities of Itä-Uusimaa
<b>Case 20</b> - "Kamiina-project"	Best practice	To develop low threshold dwelling services and test them
<b>Case 21</b> - "Triangeli-project"	Project	To develop an outpatient treatment service for patients having a double diagnosis and to create a network in the field
<b>Case 22</b> - "Founding a dwelling"	Best practice	To start and develop dwelling services for alcoholics with dementia and develop a treatment model.
<b>Case 23</b> - "Early identification hazardous alcohol consumption elderly"	Project	Offer physicians and nurse in accident and emergency department tools for early identification and brief interventions for the elderly. Providing an intervention when there is a relation between the injury and alcohol consumption. Besides development of the protocol, providers on accident and emergency department were also trained and a 'train the trainer' module was developed as part of the project.
<b>Case 24</b> - "Söders specialteam"	Best Practice	To give better services and care to a special group of users
<b>Case 25</b> - "Intervention in alcohol use among older people PCare settings"	Project	To identify the amount of older people with problematic drinking habits. Training of professionals working with older people in primary care settings. To develop new methods in intervention among older people with problematic drinking habits
<b>Case 26</b> - "Guía de intervención sobre alcohol y otras drogas en atención primaria de salud" Intervention guide on alcohol and drugs at primary care services	Best Practice	s of detention, screening and managing

**Table 2 (continued).** Reported initiatives, type and objective.

Initiative	Type of PPBp	Main objectives
<b>Case 27</b> - "Sucht im Alter"	Programme	Developing strategies of prevention
<b>Case 28</b> - "Alcohol risk and harm in later life: A needs assessment in South of Tyne and Wear"	Project	Alcohol risk and harm in later life: A needs assessment in South of Tyne and Wear
<b>Case 29</b> - "AESOPS"	Project	Authors reported at least 8 objectives... (see questionnaire AESOPS)
<b>Case 30</b> - "The A Team"	Project	Reduce hospital admissions
<b>Case 31</b> - "Home for seniors – department with special regime"		Home for seniors – department with special regime
<b>Case 32</b> – "Osservasalute Report - Health status and quality of the health assistance in the Italian regions"	Programme	To collect comparable regional data coming from different sources; To monitor the alcohol consumption in the Italian regions through specific clear and scientific strictness indicators; To spread out public health care control tools through out: annual reports; web pages; press conference; events aimed to regional level; events aimed to specific problems.
<b>Case 33</b> - "Data collection, analysis and monitoring on the impact of the use and abuse of alcohol on health in Italy for the implementation of the activities of the National Alcohol and Health Plan (PNAS)"	Project	Elaboration of the National Institute of Statistics (ISTAT) data, Update of available sources, Production of an annual report to be submitted to the Parliament
<b>Case 34</b> - "Woman and Alcohol ("Alcohol e donna")"	Project	To increase woman awareness about the risk of alcohol consumption
<b>Case 35</b> - "Alcohol Report Swedish Presidency"	Best Practice	The main purpose of the report is to outline the main health, social and economic effects of alcohol use by the elderly; To discuss recent trends in alcohol consumption and alcohol related harms; To determine whether current levels of consumption are problematic or warrant further attention
<b>Case 36:</b> "Veilig drinken op leeftijd / Drinking safely at old age"	Project	A training module called 'Drinking safely at old age' was developed for use by general practitioners in the Netherlands. The module describes the identification and discussion of risky drinking with elderly patients in general practice



**Table 3.** Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 1	Case 2	Case 3	Case 4
<b>Type of initiative</b>	Program	Project	Practice	Project
<b>Needs assessment</b>	Pilot test carried out in nursing homes	Based on previous and current research	Given the prevalence of alcohol misuse in England (still to confirm if there was an ad hoc needs assessment)	Not ad hoc, but given the rise of the problem they have assessed their own needs
<b>Accessibility</b>	Older adults with alcohol problems access to the program without restrictions	Only older adults identified or referred to the program without restrictions	Addressed only to older adults	Available to older citizens with alcohol problems in two districts of London. No access restrictions
<b>Setting approach</b>	Two regions in the north of Holland	Local/municipal and clinical Settings	Local (still to confirm more info about it)	Local level, specialized unit
<b>Collaborative capacity /partnership</b>	Yes, with mental health units at local level and with a national center of elderly research	The project is considered the “corner stone” of a prevention strategy with other collaborators	Not informed	Yes, mainly with hospital units, mental health institutions
<b>Evaluation</b>	Participants in the trainings are asked to assess the program and to rate their capacities to manage with old people	The project is assessed by both its managers and the people who attend its training sections. Funding agencies also evaluate it.	Yes but not finished. Qualitative Study. Not economically evaluated	From people attending the seminars. Qualitative study
<b>Sustainability</b>	The project is funded and incorporated to the national healthcare service in Holland	It is an ongoing challenge to demonstrate that older people need these projects because of their specific needs. Authors expect to get extra funding (the project ends in 2011)	Project integrated in the system	Will last for 3 years: 2008 to 2011. A little change to be extended
<b>Transferability</b>	The project has already been transferred to other regions of Holland.	Yes, but more awareness is and resources are needed. Authors expect to share their results with other colleagues in Europe	Yes	Should be applicable across Europe and beyond
<b>Availability of results, documents</b>	Published in Dutch (no additional information was provided)	Journal of Dementia Care, October of 2008. Fox. Michael. This same author will publish a book on his experiences in 2011	Alcohol use and misuse in older people. R. Rao. Journal of Substance Use, 2008	Report to funders with results. A paper is expected to be issued in may of 2011
<b>Transparency of funding/support</b>	Governmental funded and charitable trust	Funded by Primary Care Trusts, Charitable Organizations. In some cases those organization “suggest” some topics forced by the relation of alcohol and delinquency	Funded by the Government	Charitable Trust

**Table 3 (continued).** Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 5	Case 6	Case 7	Case 8
<b>Type of initiative</b>	Best Practice	Program	Project	Project
<b>Needs assessment</b>	As part of a service model recognizing the risk for older people	Sent by mail	In the context of training, different action models for different treatment contexts; home care services, health care centre, on-call clinics.	Partially informed: "Gap between international recommendations for health among elderly "Healthy aging" Difficulties reported by some health or social professional to cope with alcohol problems"
<b>Accessibility</b>	Not exclusively for older adults but according to the authors it is adapted to elderly	Not exclusively for older adults and according to the authors it is not adapted to elderly	Addressed only to older adults	Addressed only to older adults
<b>Setting approach</b>	Clinical settings (still to confirm more info about it)	National level (still to confirm more info about it)	National level	National level
<b>Collaborative capacity /partnership</b>	Authors mentioned that the development of alliances and collaborations would be an asset to achieve	Not informed	Not mentioned	Some collaboration with social and medical professionals
<b>Evaluation</b>	Yes (Observational study), but not as a dedicated service for older people. As a PHD chapter, but not dedicated to older people	Yes, individually by each Club. No economic evaluation.	Yes, evaluated the using the instructions of RAY and project work literature, and by an outsider company	No
<b>Sustainability</b>	Started in 1995 and has been integrated in the system	Developed in 1964 and Has been integrated in the system.	From 2006, finished after two years	2007, finished after two years
<b>Transferability</b>	Most certainly	This PPBP has been transferred to other countries during the past 30 years	Yes	Yes
<b>Availability of results, documents</b>	Oxford Handbook of Nursing Older People. ISBN; 978-0-19-921328-3	Several publications in local languages. Few in English, but not specific to elderly	No publications	The translation into English of our review is forthcoming (end february or beginning March 2010)
<b>Transparency of funding/support</b>	Funded by the NHS	Funds not mentioned	Private sector: Finland's Slot Machine Association (RAY)	Funded by the government

**Table 3 (continued).** Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 9	Case 10	Case 11	Case 12
<b>Type of initiative</b>	Project	Project	Project	Program
<b>Needs assessment</b>	Partially informed: "The question of alcohol consumption among elderly is gaining significance"	Partially informed: The legislative body of the canton has commissioned the cantonal department of health to implement this project in three different communities.	A need for public awareness / education has been identified. The target group (60+) and multipliers needed to be informed on the problems of substance abuse.	Increased alcohol use among elderly people
<b>Accessibility</b>	Addressed only to older adults	Addressed only to older adults	Addressed only to older adults	Not exclusive for older groups but adapted to older needs
<b>Setting approach</b>	National level	Local	National level	National level
<b>Collaborative capacity /partnership</b>	Not mentioned	Not mentioned	Not mentioned	Not mentioned
<b>Evaluation</b>	No	Yes, but not finished yet	Yes, A webpage counter of access. Economic evaluation reported	Yes, but not finished yet. Qualitative Study. No economic evaluation
<b>Sustainability</b>	2007 and integrated in the system	2009 lasted for less than 1 year	2006. Lasted from one to two years	Started in 2009 and lasted from one to two years
<b>Transferability</b>	Yes, it can be transferred	Yes, it can be transferred	If funding is assured, a similar campaign could easily be run in other regions or countries.	Yes
<b>Availability of results, documents</b>	<a href="http://www.forel-klinik.ch">www.forel-klinik.ch</a> For full reference details of any published papers, reports or website please contact M. Thomas Meyer	<a href="http://www.baselland.ch/altern-gesundheit-htm.311183.0.html">http://www.baselland.ch/altern-gesundheit-htm.311183.0.html</a> <a href="http://www.baselland.ch/fileadmin/baselland/files/docs/vsd/gefoe/gesund-altern_medien.pdf">http://www.baselland.ch/fileadmin/baselland/files/docs/vsd/gefoe/gesund-altern_medien.pdf</a>	Article "At-risk alcohol drinking in primary care patients aged 75 years and older" in the INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY in 2009.	Trainingshandleiding t.b.v. het invoeren van het Protocol ouderen, alcohol en vallen; Literature review on elderly, alcohol and fall incidents 2009; Factsheet alcohol and elderly
<b>Transparency of funding/support</b>	Funded by the private sector	Funded by the government	Funded by the government	Funded by the government

**Table 3 (continued).** Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 13	Case 14	Case 15	Case 16
<b>Type of initiative</b>	Project	Best Practice	Project	Project
<b>Needs assessment</b>	The CAT has stimulated the need for a national register of clubs that will allow the systematic collection of information	Observation of alcohol problems in the homeless	Not mentioned	Focused on substance abuse problems among the elderly increasing rapidly in elderly Finnish population No substance abuse services targeted at those over the age of 65
<b>Accessibility</b>	Not exclusively for older groups but adapted to their needs	Not exclusively for older groups but adapted to their needs	Yes, only to older adults	Yes, only to older adults
<b>Setting approach</b>	National	Local level	Not mentioned	National level
<b>Collaborative capacity /partnership</b>	Not mentioned	Not mentioned	Irish College of General Practitioners to work in partnership with another NGO the National Council on Ageing and Older People	Not mentioned
<b>Evaluation</b>	Yes, but not finished yet. Observational Study. No economic evaluation	Yes. Through various institutions which have rewarded the program	No	Yes, Structured self evaluation, Bikva client oriented evaluation, where the clients opinions were asked; outside evaluation
<b>Sustainability</b>	Started in 2000 and has been integrated in the system	Started in 1990 and has been integrated in the system	Started in 2005 and lasted for 1 year	2005. Not mentioned if the project lasted longer
<b>Transferability</b>	Yes, especially in countries where there are networks of self-help for alcoholics who work according to the principality of CAT	Yes	Yes	Yes, but in order for it to work and change into practices, training and tailoring for every work community or work place should be done if we really want implement innovative ways of doing substance abuse work with older people
<b>Availability of results, documents</b>	No reported	Informes de la Fundació Lealtad fundacion@fundacionlealtad.org. Memorias de Associació Rauxa (desde 1994)	<a href="http://www.icgp.ie">www.icgp.ie</a> . Alcohol and Growing Older documents	<a href="http://www.tippavaara.info">www.tippavaara.info</a> "Listening to the voice of the elderly" May 2008 – English version is coming out spring 2010. A study on the drinking habits of the elderly (Haarni & Hautamäki) Other articles are coming soon
<b>Transparency of funding/support</b>	Research body	Funded by the government	Funded by other sources: ICGP and National Council for ageing and Older People	Government. Finland's Slot Machine Association (RAY) by Finnish government

Table 3 (continued). Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 17	Case 18	Case 19	Case 20
<b>Type of initiative</b>	Project	Project	Project	Project
<b>Needs assessment</b>	Children and young people have been the focus for a long time, but signs of problems among elderly came up by the media and service personnel	Gero-project in Tampere showed that there were no appropriate alcohol and drug treatment services for elderly patients in home care and care for close relatives	It was felt that there were not enough services for elderly and those employees did not have the required skills to handle alcohol problems	It started as a pilot. We adjusted services which were proven or in use in other parts of the country
<b>Accessibility</b>	Yes, only to older adults	Yes, only to older adults	Yes, only to older adults	Not exclusive for older groups but adapted to their needs
<b>Setting approach</b>	Regional level	Local. City of Tampere	Regional level	Local
<b>Collaborative capacity /partnership</b>	Not mentioned	Not mentioned	Not mentioned	Not mentioned
<b>Evaluation</b>	Yes. As a part of the Final Evaluation of the Coordination of the Treatment of Alcohol and Drug Problems in Kainuu-project	Yes. Bikva interim evaluation; interviews with clients home care service personnel, management of home care services, personnel of client counseling and orderer, and management of production units	No	Yes, but not finished yet
<b>Sustainability</b>	Developed in 2007 and has been integrated in the system	Developed in 2007 and lasted for 2 years	Developed in 2007 and lasted from 1 to 2 years	Developed in 2007 and lasted from 1 to 2 years
<b>Transferability</b>	Definitely, tailored to the local circumstances.	The job pair model for alcohol and drug work and mental health work taking place in elderly people's homes is an excellent one. Special knowledge goes to the old person when she/he is not able to go to the services	Yes	Yes
<b>Availability of results, documents</b>	No mentioned	Final report of the alcohol and drug work and mental health work model project. <a href="http://www.tampere.fi/hallintojatalous/tilastotjakatsaukset/julkaisusarja">http://www.tampere.fi/hallintojatalous/tilastotjakatsaukset/julkaisusarja</a>	Not mentioned	<a href="http://www.a-klinikka.fi/kymi">www.a-klinikka.fi/kymi</a> Other documents under elaboration
<b>Transparency of funding/support</b>	Funded by the government	Funded by the government	Yes	Funded by Finland's Slot Machine Association (RAY)

**Table 3 (continued).** Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 21	Case 22	Case 23	Case 24
<b>Type of initiative</b>	Project	Best practice	Project	Best practice
<b>Needs assessment</b>	It started as a pilot. We adjusted services which were proven or in use in other parts of the country	It started as a pilot. We adjusted services which were proven or in use in other parts of the country	An increasing number of elderly drinking too much	Development within the ordinary home care organization
<b>Accessibility</b>	Not exclusive for older groups but adapted to their needs	Not exclusive for older groups but adapted to their needs	Yes, only to older adults	Not exclusive for older groups but adapted to their needs
<b>Setting approach</b>	Local	Local, municipality	Clinical setting	Local level
<b>Collaborative capacity /partnership</b>	Not mentioned	Not mentioned	Not mentioned	Not mentioned
<b>Evaluation</b>	Yes, evaluations by clients and collaborators	Not mentioned	Yes, feasibility of implementation of the protocol and number of elderly screened and offered a brief intervention.	No
<b>Sustainability</b>	Developed in 2007 and lasted from 1 to 2 years	Started in 2005 and has been integrated in the system	Developed in 2009 and lasted for 1 year	Started in 2001 and has been integrated in the system
<b>Transferability</b>	Yes	Yes	Not mentioned	Not mentioned
<b>Availability of results, documents</b>	<a href="http://www.a-klinikka.fi/kymi">www.a-klinikka.fi/kymi</a> Other documents under elaboration	Newspaper articles of project and a report in Finnish	Not mentioned	Not mentioned
<b>Transparency of funding/support</b>	Funded by the government	other resources: Municipality	Not mentioned	Not mentioned

**Table 3 (continued).** Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 25	Case 26	Case 27	Case 28
<b>Type of initiative</b>	Project	Best practice	Program	Project
<b>Needs assessment</b>	There was a lack of intervention for this group	Yes, based upon a survey among professionals	Not explicit but it was developed in the light of "rising substance misuse or dependence in older people"	Based upon the UK national standards aimed at promoting active and healthy ageing, including substance misuse as a "hidden phenomenon" and a growing public health problem, with many people aged 65 or over drinking at hazardous or harmful levels
<b>Accessibility</b>	Yes, only to older adults	Not exclusive to older people and not adapted to this age-group	Yes, only to older adults	Yes, only to older adults
<b>Setting approach</b>	Not mentioned	Regional (autonomous community)	Regional	Regional
<b>Collaborative capacity /partnership</b>	Not mentioned	Not mentioned	Not mentioned	Not mentioned
<b>Evaluation</b>	Not mentioned	Yes, but not finished	Yes, but not finished	No
<b>Sustainability</b>	2009	Started in 2010 and integrated in the system	Started in 2010 and will last from one to two years	Started in 2009 and lasted for one to two years
<b>Transferability</b>	Not mentioned	Yes	Not clear yet "all projects are still in the planning period"	Yes
<b>Availability of results, documents</b>	Not mentioned	Will be available at the web: <a href="http://www.infodrogas.org">www.infodrogas.org</a>	"all projects are still in the planning period"	<a href="http://www.ncl.ac.uk/ih/people/profile/c.a.lock">http://www.ncl.ac.uk/ih/people/profile/c.a.lock</a>
<b>Transparency of funding/support</b>	Not mentioned	Government	Funded by a research body	Government

**Table 3 (continued).** Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 29	Case 30	Case 31	Case 32
<b>Type of initiative</b>	Project	Project	Not mentioned	Programme
<b>Needs assessment</b>	Evidence showed that the excessive alcohol consumption is associated with increases in several diseases	Yes, it was based upon a pilot test	Demand of citizens of a region of Czech Rep. to help to the target group	This project was developed as a part of the cooperation among the Institute of Hygiene of the Catholic University of Rome "Sacro Cuore" and the Istituto Superiore di Sanità (ISS)
<b>Accessibility</b>	Yes, only to older adults	Not exclusive to older people and not adapted to this age-group	Yes, only older adults can access	Not exclusive to older people and not adapted to this age-group
<b>Setting approach</b>	National	Regional	Local	National
<b>Collaborative capacity /partnership</b>	Not mentioned	Not mentioned	Not mentioned	Institute of Hygiene of the Catholic University of Rome "Sacro Cuore" and the Istituto Superiore di Sanità
<b>Evaluation</b>	No	No	No	Yes, annually reviewed by a panel of 20 experts and a quality assurance independent committee
<b>Sustainability</b>	Not mentioned	Started in 2009 and integrated in the system	Started in 2005 and is integrated in the system	Started in 2003 and is integrated in the system
<b>Transferability</b>	Not mentioned	Yes	Yes	Yes
<b>Availability of results, documents</b>	<a href="http://www.ncl.ac.uk/ihs/research/project/2144">http://www.ncl.ac.uk/ihs/research/project/2144</a> Coulton, S., J. Watson, et al. (2008) BMC Health Services Research 8.	<a href="http://www.alcohol-services-ateam.org.uk">www.alcohol-services-ateam.org.uk</a>	Only a web page (in Czech) <a href="http://www.dd-sloupvcechach.cz">www.dd-sloupvcechach.cz</a>	<a href="http://www.osservasalute.it/index.php/rapporto">http://www.osservasalute.it/index.php/rapporto</a>
<b>Transparency of funding/support</b>	Government		Government	Government



**Table 3 (continued).** Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 33	Case 34	Case 35	Case 36
<b>Type of initiative</b>	Project	Project	Best Practice	Project
<b>Needs assessment</b>	This project is based on a programme focused on prevention and health promotion included in the National Alcohol and Health Plan 2007-2010. Elaboration of periodical report	This project is based on a programme focused on prevention and health promotion included in the National Alcohol and Health Plan 2007-2010. This initiative has shown an increasing risk behaviour among older women		The implementation process was tailored to the specific regional structure of consultation and training of general practitioners and assistants
<b>Accessibility</b>	Not exclusive to older people and not adapted to this age-group	Not exclusive to older people and not adapted to this age-group	Yes, only older adults can access	Yes, only older adults can access
<b>Setting approach</b>	National	National	International	Regional
<b>Collaborative capacity /partnership</b>	Not Mentioned	Not Mentioned	Developed within a group of European Experts. Ten countries took part in this initiative	Not mentioned
<b>Evaluation</b>	Yes, the project is evaluated by the Italian Ministry of Health	Yes. A formal evaluation of the National Campaign.	Yes, By EU Expert Conference on Alcohol and Health, organised by the Swedish Presidency	Implementation was evaluated by a short self-completed questionnaire for GPs and assistants of health professionals beforehand, and short follow-up interviews two weeks and four weeks after training
<b>Sustainability</b>	Started in 2007 and is integrated in the system	Started in 2007 and is integrated in the system	Started in 2009 and lasted for less than one year	Started in 2009 and lasted for less than one year
<b>Transferability</b>	Yes, if a national statistic system is available	Yes, if a national statistic system is available		Taking into account local or national drinking guidelines for the elderly and methods in general practices.
<b>Availability of results, documents</b>	Ministry of Health, (2008). "Annual report of the Ministry of Health to the Parliament 2006-2007" available online at: <a href="http://www.ministerosalute.it/imgs/C_17_pubblicazioni_926_allegato.pdf">http://www.ministerosalute.it/imgs/C_17_pubblicazioni_926_allegato.pdf</a>	<a href="http://www.ministerosalute.it">http://www.ministerosalute.it</a> , <a href="http://www.iss.it">www.iss.it</a> , <a href="http://www.epicentro.iss.it/temi/alcol/pdf/Apd07-alcol_donna.pdf">http://www.epicentro.iss.it/temi/alcol/pdf/Apd07-alcol_donna.pdf</a>	<a href="http://www.fhi.se/en/Publications/All-publications-in-english/Alcohol-consumption-among-elderly-European-Union-citizens-consumption-trends-and-related-issues/">http://www.fhi.se/en/Publications/All-publications-in-english/Alcohol-consumption-among-elderly-European-Union-citizens-consumption-trends-and-related-issues/</a>	Risselada, A., Kleinjan, M., & Jansen, H. (2009). Low-threshold screening and intervention on alcohol among the elderly in general practice: Development, training and evaluation of the module 'Drinking safely at old age'. Rotterdam: IVO.
<b>Transparency of funding/support</b>	Government	Government	International	Research body

## Annexe I. Protocol and questionnaire

### PROTOCOL FOR COLLECTING BEST PRACTICES ON PREVENTING THE HARMFUL USE OF ALCOHOL AMONGST OLDER PEOPLE INCLUDING THE TRANSITION FROM WORK TO RETIREMENT

#### Introduction

The senior European population has grown more than twice as fast as the overall population since the early 1980s. With this demographic shift, there has been a growing awareness of the importance of older adults' needs in many areas, but drinking and related alcohol problems is still a "hidden" issue, is often underdetected, neglected and goes unaddressed in many countries.

#### Reasons for that include:

- The perception that "it's too late to do something" resulting in not targeting alcohol policies and prevention programmes to that group and also less referral for specialized treatment
- Reluctance by professionals to question elderly patients about their alcohol use, lower degree of suspicion when assessing elderly and AUD perceived as normal regarding poor health and life circumstances,
- Alcohol problems in the elderly usually appear as atypical and masked symptoms (confusion, falls, injuries, etc).

However, alcohol related problems can begin later in life and due to higher vulnerability drinking amongst the elderly can increase susceptibility to falls and other injuries. It can also reduce the effectiveness of prescribed medication and cause a range of physical, mental and social difficulties resulting in increased frequenting of services and costs.

There is a urgent need to develop practices of effective policies and programmes to reduce the harmful use of alcohol by older people from all countries of Europe and to assess the impact of general policies among older people. There is also the need to develop prevention programs and treatment services sensitive to older people's needs and to train professionals to improve their understanding of drinking amongst older people and the provision of actions and information tailored to their needs.

Vintage project seeks to advocate for increased attention to the prevention of alcohol-related harm in old age on the agenda of public, private and voluntary organizations.

#### The Vintage project is aimed at:

- Providing the evidence base and collecting best practices to prevent the harmful use of alcohol amongst older people including the transition from work to retirement.
- Actively sharing best practice to upwardly harmonize policies and programmes to invest in older people's health and well-being.
- Undertaking systematic reviews and systematically collecting examples of best practice on the harm done by alcohol to the health and well-being of older people and on the effective policies and programmes to reduce such harm.

#### Description:

- Systematic collection of examples of best practices of effective policies and programmes to reduce the harmful use of alcohol by older people from all countries of Europe.

#### Partners involved:

- Led by GENCAT in collaboration with SZU, STAKES, IAS and IVZ RS

#### Objective:

- Collect best practices to prevent harmful alcohol use by older people

**GENCAT** - *Mediterranean countries* (Cyprus, France, Greece, Italy, Malta, Portugal, Spain, Turkey)

**THL (former STAKES)** - *Nordic and Baltic countries* (Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway, Sweden)

**IAS** - *Continental countries and UK* (Austria, Belgium, Germany, Ireland, Luxembourg, Netherlands, Switzerland, United Kingdom)

**IVZ** - *South-east Europe and Balkans* (Albania, Bosnia, Croatia, Kosovo, Macedonia, Montenegro, Serbia, Slovenia)

**SZU** - *Central Europe countries* (Bulgaria, Czech Republic, Hungary, Poland, Romania, Slovakia)

#### Deliverable:

- Report with documented best practices to prevent harmful alcohol use by older people

#### Target

- To identify as many practices as possible from at least 24 countries.

#### Procedure

- Information will be gathered from partners in European and international networks (e.g. Building Capacity project).
- A questionnaire will be developed and disseminated to partner agencies to gather detailed information on interventions and the outcomes of evaluations.
- Information will be stored in a database and be freely accessible online.

#### Quality assessment

- The following elements will be used for lead partner to assess the quality of the collected examples:
  - needs assessment;
  - accessibility;
  - setting approach;
  - collaborative capacity building and partnership;
  - evaluation;
  - sustainability;
  - transferability;
  - availability of results, documents, etc.;
  - and transparency of the funding and support.

## Timetable and work plan

- **July 2009 - September 2009** - development of protocol and questionnaire
- **October 2009** – revision
- **1<sup>st</sup> November 2009 – 30<sup>th</sup> January 2010** - collection of examples
  - Partner collects until 20<sup>th</sup> of January 2010
  - Gencat collects until de 30<sup>th</sup> of January 2010
- **February 2010 – March 2010** – analysis of results
- **April 2010 – June 2010** – final report



Name:

Institution:

Country	Contact person details (Name, Last Name, E-mail and institution)	Type*	Date delivery	Date reminder	Date received	Comments and Incidences
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Type = government; research body; private sector(Non Governmental Organization, etc); other(please, specify which)

## QUESTIONNAIRE FOR COLLECTING BEST PRACTICES ON PREVENTING THE HARMFUL USE OF ALCOHOL AMONGST OLDER PEOPLE INCLUDING THE TRANSITION FROM WORK TO RETIREMENT

### Purpose of this questionnaire

This questionnaire has been developed to identify and collect innovative practices, projects, programs and if possible best practices on preventing the harmful use of alcohol amongst older people is one of the main aims of the Vintage project, so that we all can learn from what is going on in other countries.

Practices, projects and programs (PPP) can include a **wide range of activities**, including for example laws and policies on reduced BAC levels for older adults, restrictions to alcohol access in old people's homes, it can also include activities that relate to general educational messages or campaigns and description of alcohol prevention and treatment services sensitive to elder's needs.

Collected examples will be uploaded to a database available in the Vintage website to enable us all to know what can be done. We would like this exercise to help us to raise questions on where are the current gaps in knowledge and approaches;

### Instructions

On the following pages, please describe what you think have been some of the most innovative projects, programmes or best practices (PPBp) related to preventing the harmful use of alcohol amongst older people including the transition from work to retirement in your country in up to the last 10 years. If there is a very good PPBp that was introduced more than 10 years ago, it is fine to include it.

What we mean by **innovative** is where a PPBp has been changed into something new, or has been altered or renewed, or has been brought in or introduced for the first time. It is up to you to use your own expertise, experience and professional judgment to describe what you think is innovative. We are also looking for things that might be a bit creative or unusual.

By project we refer to any action (research, prevention, etc) endorsed with a clear start and end point. Programme refer to a group of actions that are continuously and integrative implemented.

By **best practice** we refer to approaches which are shown ("proven") to be effective for a group of people. A best practice can be identified through people's experience (clinical or otherwise) or through literature reviews of studies.

By **older people** we mean those aged 65 or more ( $\geq 65$ )

Please try to list, if possible, a minimum of 3 practices but If you wish to describe more PPBp, just copy and paste extra PPBp description forms. It is quite possible that there have been no innovative PPBp related to preventing the harm among elder people. If this is the case, please write NO in the box below and fill in the section with questions inquiring on the possible reasons.

The PPBp can be implemented at country, regional or municipal level.

Please state your name

Please give your e-mail address

Please state your country

If there have been NO innovative PPBp related to preventing the harmful use of alcohol amongst

older people including the transition from work to retirement in your country in the last 10 years, please write NO in the box and rate, under your opinion, the reasons for that:

	MOST IMPORTANT		LEAST IMPORTANT		DN*
Lack of public health policies on elderly addressing prevention strategies on alcohol consumption and related problems.					
Low awareness of older adults' needs related with alcohol problems					
Lack of economic and human resources					
The perception among policy makers and professionals that it's too late to do anything					
Alcohol impact in the elderly population is unknown					
Other (describe):					

\*DN= Do not know

Please complete the forms and return them to \_\_\_\_\_ by e-mail \_\_\_\_\_ by 20<sup>th</sup> of January 2010 at the latest.

If there are any questions or queries, please contact \_\_\_\_\_

## PPBp 1

### 1. Basic facts

1.1 What is the name of your PPBp?

1.2 Your proposed PPBp is a:

- a) project
- b) programme
- c) best practice

1.3 What are the main aims and objectives of this PPBp?

### 2. Development

2.1 What was the background (reasons) for developing it?

2.2 How was it developed (did it start as a pilot project; was it transferred from another country)?

2.3 What are the main elements or components of this PPBp (please tick more than one if needed)?

- a) Regulation or change in law
- b) Education or raising awareness campaign
- c) Training of professionals working with older people
- d) Identification and assessment
- e) Treatment provision

- f) Community development
- g) Other (describe):
- Comment:

2.4 It is solely targeted to older adults?

- a) No, it is also targeted to other age groups and it is not adapted to older people's needs
- b) No, it is also targeted to other age groups but it is adapted to older people's needs
- c) Yes, only to older adults.

### 3. Implementation

3.1. Who funds/funded the implementation of the PPBp (please tick more than one if needed)?

- a) government
- b) research body
- c) private sector (Non Governmental Organization, etc)
- d) alcohol industry
- e) other resources (please, specify which)

3.2. What is the level of implementation of this PPBp?

- a) national
- b) regional
- c) local (municipality level)
- d) community / group
- e) clinical settings (Primary, Hospital, etc)
- f) Other

3.3. When did the implementation start (Year)?

3.4. How long did it last?

- a) Less than one year
- b) From one year to 2 years
- c) Has been integrated in the system

3.5. What are the main results of this PPBp?

### 4. Evaluation

4.1. Has this PPBp been evaluated?

- a) Do not know
- b) No
- c) Yes, but not finished yet
- d) Yes (describe):

4.2. How was this PPBp evaluated?

- a) Controlled study
- b) Observational study

c) Qualitative study

Describe:

4.3. Was an economic evaluation included?

- a) Do not know
- b) No
- c) Yes, but not finished yet
- d) Yes (describe):

4.4. Is there ongoing evaluation of this PPBp?

- a) Do not know
- b) No
- c) Yes, but not finished yet
- d) Yes

4.5. What were, under your opinion, the pre-conditions for success for this PPBp?

4.6. Were any obstacles encountered during implementation?

- a) Do not know
- b) No
- c) Yes. Describe

4.7. Were there any harmful effects of the PPBp?

- a) Do not know
- b) No
- c) Yes. Describe

4.8. What are the main lessons to be learned from this PPBp?

4.9. How could this PPBp be improved?

4.10. Do you think this PPBp can be transferred also to other countries, regions, settings?

## 5. Extra details

5.1. Please list a website or contact organization or person to find out more information about this PPBp:

5.2. Please give full reference details of any published papers, reports or websites on this PPBp:

## 6. Final comments or suggestions



## Annexe II. Grey literature results on the prevention of alcohol-abuse amongst the elderly

### Elder care

- **Title: “Alcohol abuse and the elderly: Comparison of early & late-life onset”**

Type of document: Report

Description: Comparison of the drinking histories and current drinking patterns of two types of elderly 16 males and 10 females. Results indicated that individuals in the early onset group were younger, more likely to have had previous alcohol treatment, more likely to have changed residence, drank more, were intoxicated more often, and experienced more emotional problems than those in the late onset group (Schonfeld, L; 1987).

Reference: Alcohol abuse and the elderly: Comparison of early & late-life onset. Schonfeld, L. 1987. Paper presented at the Annual Convention of the American Psychological Association (95th, New York, NY) Webpage, available in <http://www.eric.ed.gov/PDFS/ED287135.pdf> (accessed, July 2010)

- **Title: “Alcohol, mental health and wellbeing”**

Type of document: Web page

Description: Suggest that “at advanced age, in residential community homes, a ‘social hour’ with alcohol or a unit of alcohol at bedtime, can improve mental well-being. On the other hand, alcohol is also a cause of falls in the elderly because it affects balance” (Bateman, M; 2010). “drinkaware.com.uk”

Reference: Alcohol, mental health and wellbeing. Bateman, M. 2010. Webpage, available in <http://www.drinkaware.co.uk/facts/factsheets/alcohol-mental-health-and-wellbeing> (accessed in august 2010)

- **Title: “GINA report”**

Type of document: Report

Description: Information, support and assistance through a range of programmes and activities, to any individual or organisation within the voluntary or public sectors that have an interest in or are involved with people whose lives are affected by alcohol. This report represents a very useful tool for professionals in charge of prevention and promotion of healthy living in the elderly (Gender Issues Network on Alcohol, 2009).

Reference: Alcohol and Ageing, The views of older women and carers. Gender Issues Network on Alcohol (GINA) Alcohol Focus Scotland, 2009. Webpage, available in <http://www.alcohol-focus-scotland.org.uk/pdfs/Alcohol%20&%20Ageing%20The%20views%20of%20older%20women%20&%20carers.pdf> (accessed august 2010)

- **Title: “Remote Project”**

Type of document: Project

Description: Pan-European research project concerned with the needs of elderly and physically impaired people. The focus is especially on those living in geographical or social isolation whose independent life is at risk with chronic conditions or lifestyle risk factors. The project aims at defining

and establishing a multidisciplinary approach to Research & Development (R&D) of Information & Communication Technology (ICT) for addressing older people facing with geographic and social isolation in combination with chronic diseases (hypertension, arthritis, asthma, stroke, Alzheimer, etc.) and lifestyle risk factors (obesity, blood pressure, smoking, alcohol abuse, etc.)

Reference: Remote Project. Remote health and social care for independent living of isolated elderly with chronic conditions. Webpage, available in <http://www.remote-project.eu/> (accessed July 2010)

- Title: **“High risk situations for elderly alcohol abusers”**

Type of document: Study

Description: Characteristics of the late-life onset elderly alcohol abusers. The results from administration revealed that most physical/medical problems were related to episodes of drinking, that the majority of abusers lived alone and had a small social network, and that few financial or legal problems relating to alcohol abuse were found. (Dupree, LW; 1987)

Reference: High risk situations for elderly alcohol abusers. Dupree, LW; Schonfeld, L. 1987. Paper presented at the Annual Convention of the American Psychological Association (Los Angeles, CA). Webpage, available in <http://www.eric.ed.gov/PDFS/ED265479.pdf> (accessed, July 2010).

- Title: **“The Merck Manuals”**

Type of document: Manual

Description: Management of alcohol abuse and dependence. Useful mainly for geriatric homes and community-dwelling for the elderly this manual covers the most relevant issues for the prevention and management of alcohol-abuse amongst this group of population, for instance, epidemiology, physiology, pathophysiology, symptoms and signs; laboratory findings; screening and diagnosis, treatment, counselling, structured programs, pharmacotherapy, nursing Issues, patient and caregiver issues and end-of-life Issues.

Reference: Web site: The Merck Manuals, Online Medical Library. Webpage, available in <http://www.merck.com/mmpe/sec15/ch205/ch205a.html> (accessed august 2010)

## Needs assessment

- Title: **“Aging and alcohol use disorders: diagnostic issues in the elderly”**

Type of document: Review

Description: Review of: (a) problem drinking in the elderly as a public health problem of moderate proportions, especially in men; (b) the signs that predict the increasing problem drinking in coming generations of elderly women and men; (c) cases of geriatric alcoholism; (d) geriatric cases not properly identified; and (e) the present screening and diagnostic methods for alcohol use disorders lack adequate validation for older persons.

Reference: Aging and alcohol use disorders: diagnostic issues in the elderly. Atkinson, RM. 1990. Int Psychogeriatr, 2(1), 55-72.

- Title: **“Treatment of older women with alcohol problems: Meeting the challenge for a special population”**

Type of document: Review

Description: Alcohol use among older women, related risk factors and beneficial effects, screening methods to detect alcohol problems in this population, and treatment and prevention approaches. The authors concluded that although some progress has been made in understanding the effectiveness of alcohol screening, brief intervention, and treatment among older women, it remains to be determined how these protocols fit into the broad spectrum of health care settings and how to target specific interventions or treatments to appropriate subgroups of older women. (Blow, F and Lawton-Barry, K; 2003).

Reference: Treatment of older women with alcohol problems: Meeting the challenge for a special population.  
Blow FC. 2000. Alcoholism-Clinical and Experimental Research. 24,(8), 1257-1266 (Conference on Women's Health Services Research, WASHINGTON, 1998 Natl Inst Alcohol Abuse & Alcoholism).

- Title: **"Alcohol and the health of aging men"**

Type of document: Review

Description: Assessment of the epidemiology and clinical effects of alcohol use in ageing men. Alcoholism demands aggressive intervention when encountered in cognitively impaired people. (Adams WL, 1999)

Reference: Alcohol and the health of aging men. Adams WL. 1999. Medical Clinics of North America, 83(5), 1195

- Title: **"Aging and Generational Patterns of Alcohol Consumption among Mexican Americans, Cuban Americans and Mainland Puerto Ricans"**

Type of document: Study

Description: Description of life-course patterns of alcohol consumption among Mexican Americans, Cuban Americans, and Puerto Ricans residing in mainland United States. Age differences found in patterns of consumption among Mexican American and Puerto Rican males reflect aging effects. Cohort effects found for Cuban males (Black, SA; 1994).

Reference: Aging and Generational Patterns of Alcohol Consumption among Mexican Americans, Cuban Americans and Mainland Puerto Ricans. Black, SA.; Markides, KS. 1994. International Journal of Aging & Human Development 39(2) 97-103.

- Title: **"One Last Pleasure? Alcohol Use among Elderly People in Nursing Homes"**

Type of document: Report

Description: Description of the alcohol-related policies, practices, and problems experienced by a sample of intermediate care facilities and homes for elderly people. Despite the problems reported, screening for alcohol problems among residents, treatment of identified problems, and training of staff were not found to be widespread. Challenges to social workers are identified (Klein, WC; 2002).

Reference: One Last Pleasure? Alcohol use among elderly people in nursing homes. Klein, WC; Jess, C. 2002. Health & Social Work, 27(3) p193-203.

- Title: **"A Guide to Planning Alcoholism Treatment Programs"**

Type of document: Guideline

Description: Overview of alcoholism treatment; foundations for success in planning; needs assessment; program design considerations; and administrative and management issues. (McGough, D; 1986)

**Reference:** A Guide to Planning Alcoholism Treatment Programs. McGough, D. 1986. Superintendent of Documents, U.S. Government Printing Office, Washington, USA. Webpage, available in <http://www.eric.ed.gov/PDFS/ED272805.pdf> (accessed, July 2010).

- **Title:** “**Alcohol use and misuse. Practical psychiatry in the long-term care home**”

**Type of document:** Book

**Description:** Definition of the criteria for the prevention and treatment of alcohol misuse among old people. The problem of alcohol and drug misuse (and its combination) in the elderly; assessment of the utility of self-reported measures of alcohol in elderly. (Schwartz, K; 2007)

**Reference:** Alcohol use and misuse. Schwartz, K. 2007. In: Practical psychiatry in the long-term care home (3rd rev. Exp. Ed.). Conn, DK. (Ed.); Herrmann, N(Ed.); Kaye, A(Ed.); Rewilak, D(Ed.); Schogt, B(Ed.); Ashland, OH, US: Hogrefe & Huber Publishers. Pp. 155-167.

## Personnel training

- **Title:** “**Substance Abuse among Older Adults. Treatment Improvement Protocol**”

**Type of document:** Guideline

**Description:** This guide aims to educate treatment providers with information about older adults who, in general, are more likely to hide their substance abuse, less likely to seek professional help, and mistake symptoms of substance abuse for another ailment (Cook, P; 1998).

**Reference:** Substance Abuse among Older Adults. Treatment Improvement Protocol (TIP) Series 26. Cook, P; Davis, C; Howard, DL; et al. 1998. Substance Abuse and Mental Health Services Administration, USA. Webpage, available in. <http://www.eric.ed.gov/PDFS/ED443054.pdf> (accessed, July 2010)

- **Title:** “**Alcohol and other drug problems in Australia: the urgent need for nurse education**”

**Type of document:** Review

**Description:** Need to develop nursing policies, guidelines and clinical expertise to assist the community in addressing this issue. It also states that undergraduate, postgraduate and continuing education have a vital role to play in providing the profession with the knowledge, skills and research base to meet this challenge.

**Reference:** Alcohol and other drug problems in Australia. De Crespigny, C. 1996. Collegian, 3(3), 23-9.

- **Title:** “**Preventing Misuse of Medication and Alcohol in an aging society.**”

**Type of document:** Manual

**Description:** Continuing education program offered by the Illinois Pharmacy Foundation and Illinois Pharmacists Association. Its objective is to offer a resource for pharmacists and other health care professionals who work to prevent alcohol and drug misuse/abuse in older patients. Includes six sections following aspects of pharmacology and prevention perspectives, body changes in ageing, steps in developing community outreach programs, published articles on drug and alcohol abuse, self-care handouts for older adults, fact sheets on drug/alcohol misuse/abuse in older adults; and finally a clearinghouse order form, patient consent form, and sample presentation agreement (author: Illinois State Dept. On Aging, 1993. Springfield.; USA).

Reference: Preventing Misuse of Medication and Alcohol in an aging society. Pharmacists and Prevention Specialists Working Together. Illinois State Dept. On Aging, Springfield; USA. 1993. Webpage, available in <http://www.eric.ed.gov/PDFS/ED363780.pdf> (accessed, July 2010)

- **Title: “Instruction through teaching case examples”**

Type of document: Case examples

Description: Materials addressed to develop and enhance application skills. One of the cases showed how to deal with elderly people affected by alcohol-abuse problems. “Case Examples” of the National Institute of Alcohol Abuse and Alcoholism

Reference: Instruction through teaching case examples. U.S. Department of Health and Human Services. Institutes of Health National Institute on Alcohol Abuse and Alcoholism. 2005. Webpage, available in <http://pubs.niaaa.nih.gov/publications/Social/Teaching%20Case%20Examples/Case%20Examples.html> (accessed July 2010)

- **Title: “Module 10C: Older adults and alcohol problems”**

Type of document: Web page

Description: Addressed to social workers as one of the professional groups who work most closely with older clients. Data on the prevalence of the alcohol consumption in United States, drinking guidelines, particular topics to be consider with elderly populations, strategies to screen, detect, prevent and treat alcohol problems in this age group

Reference: Module 10C: Older adults and alcohol problems. National Institute on Alcohol Abuse and Alcoholism. 2005. Webpage, available in <http://pubs.niaaa.nih.gov/publications/Social/Module10COlderAdults/Module10C.html> (accessed July 2010)

## Prevention/Early intervention

- **Title: “Prevention and Management of Alcohol Problems in Older Adults: Screening and Brief Intervention Implementation”**

Type of document: Book

Description: Focused on the prevention and management of alcohol, addressing the alcohol screening, brief alcohol interventions and other issues related with elder drinkers. (Lawton-Barry, K; 2001)

Reference: Prevention and Management of Alcohol Problems in Older Adults: Screening and Brief Intervention Implementation. Lawton Barry, K; Blow, F. Webpage, available in [www.healthyagingprograms.org/lib/getFile.asp?file=338](http://www.healthyagingprograms.org/lib/getFile.asp?file=338) (accessed July 2010)

- **Title: “Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults”**

Type of document: Review

Description: Prevention and early intervention programs that have proven effectiveness. Demographic imperative for addressing late-life substance use and mental health problems, describes the current terminology of prevention programs and practices, provides a comprehensive

review of the published evidence base for the prevention and early intervention of geriatric substance abuse and mental health problems based on the empirical evidence, and describes dissemination and implementation issues that align with state needs and priorities. (Blow, F; 2010)

Reference: Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults. Blow, F et al. 2010. Older Americans Substance Abuse and Mental Health Technical Assistance Center. Webpage, available in <http://www.samhsa.gov/OlderAdultsTAC/EBPSuicidePreventionsectionFINAL.pdf> (accessed July 2010)

- **Title: “Alcohol Misuse among the elderly: an opportunity for prevention”**

Type of document: Journal articles

Description: Need to screen for alcohol use (frequency and quantity), drinking consequences, and problems related to interactions of alcohol and medications. (Mathews, S and Oslin, D; 2009)

Reference: Alcohol Misuse among the elderly: an opportunity for prevention. Mathews, S and Oslin, D. 2009. Am J Psychiatry 166(10). Webpage, available in <http://ajp.psychiatryonline.org/cgi/reprint/166/10/1093.pdf> (accessed July 2010)

- **Title: “Alcohol use disorders in elderly people: fact or fiction?”**

Type of document: Paper

Description: Importance of the current demographical trend, the lack of recognition of the drinking problems among elderly, the inappropriate use of screening tools for older drinkers, the need to better integrate outreach services and the provision of training to healthcare professionals. (Dar K, 2006)

Reference: Alcohol use disorders in elderly people: fact or fiction? Dar, K, 2006. Advances in Psychiatric Treatment, vol. 12, 173–181, Webpage, available in <http://apt.rcpsych.org/cgi/reprint/12/3/173.pdf> (accessed, July 2010)

- **Title: “Alcohol consumption among the elderly: dispelling the myths”**

Type of document: Paper

Description: Paper to assist physicians in early detection and prevention of alcohol abuse among the elderly by finding out likelihood of alcohol abuse or misuse in different contexts and discussing difficulties to spot potential alcohol misuse among the elderly. (Tivis, LJ; 2000)

Reference: Review: Alcohol consumption among the elderly: dispelling the myths. Tivis, LJ; and Brandt, EN Jr. 2000. J Okla State Med Assoc, 93(7), 275-84.

- **Title: “What shall we tell older people about alcohol?”**

Type of document: Book

Description: Practical guide to providing brief alcohol interventions. The approach is spelled out in detail, even to the level of step-by-step instructions, with examples of potential dialogues around each of the main points. Contains a "Frequently Asked Questions" section providing especially pragmatic advice, set in the context of some general principles about interviewing around topics that are likely to cause patients some discomfort. (Rockwood, K; 2003)

Reference: What shall we tell older people about alcohol? Rockwood, K. 2003. The Gerontologist. Oxford. Issue 43(6); 934.

- **Title: “Alcohol Problems in Older Adults: Prevention and Management.”**

Type of document: Book

Description: Target symptoms or behaviors related to alcohol or drug dependence in the elderly, prevention and intervention, methods or instruments that will improve the recognition of these targets (Oslin D; 2001).

Reference: Alcohol Problems in Older Adults: Prevention and Management. Barry, K; Blow, F and Oslin, D. 2001. Springer Publishing Company, Inc.

- **Title: “Identification and treatment of alcohol use disorders in older adults”**

Type of document: Book chapter

Description: Summary of screening, assessment, and treatment methods for the care of older adults drinking above recommended levels of alcohol use (Fleming, M; 2002).

Reference: Identification and treatment of alcohol use disorders in older adults. Fleming, M. 2002. In: Treating alcohol and drug abuse in the elderly. Gurnack, AM. (Ed.); Atkinson, R (Ed.); Osgood, NJ. (Ed.); New York, NY, US: Springer Publishing Co. Pp. 85-108.

- **Title: “Healthy aging as an intervention to minimize injury from falls among older people”**

Type of document: Study

Description: Evidence for the promotion of healthy ageing as a population-based intervention for prevention of injuries from falls (healthy ageing factors and risk of fall-related hip fracture in community-dwelling older people). Lifestyle factors including never smoking, moderate alcohol consumption, being active, maintaining normal weight, and being proactive in preventive health care were seen to have a significant independent protective effect on the risk of hip fracture. (Peel NM, 2007)

Reference: Healthy aging as an intervention to minimize injury from falls among older people. Peel, NM. 200. In Healthy aging and longevity, book series: Annals of the new york academy of sciences, 1114, 162-169. (editor Weller NJ)

- **Title: “Self-Report Screening for Alcohol Problems Among Adults”**

Type of document: Book chapter

Description: Overview on self-reported screening measures and discussion of the guidelines for the selection and use of screening measures. As a conclusion the authors emphasized the importance to consider the specific goals, setting, and other factors in selecting a screening measure. (Connors G ,2003)

Reference: Self-Report Screening for Alcohol Problems Among Adults Connors, G and Volk, R. 2003. in Assessing alcohol problems, A Guide for Clinicians and Researchers Second Edition Editors: Allen, J, Wilson, V. Department of Health and Human Services, Public Health, Service National Institutes of Health National Institute on Alcohol Abuse and Alcoholism.

- **Title: “Assessment and treatment of alcoholism and substance-related disorders in the elderly”**



Type of document:

Description: Prevalence of geriatric alcoholism, barriers to proper assessment of alcoholism in this age group, usefulness of available screening tools, treatment of alcohol withdrawal in the elderly, treatment of alcohol dependence in the elderly with focus on brief intervention, and aspects of drug abuse in the elderly. (Menninger JA, 2002)

Reference: Assessment and treatment of alcoholism and substance-related disorders in the elderly. Menninger JA. 2002. Bulletin of the Menninger Clinic, 66 (2), 166-183.

- **Title: “Screening for alcohol misuse in elderly primary care patients: a systematic literature review”**

Type of document: Review

Description: Systematic review of the use of screening tools in the identification of older people with alcohol problems in primary care, finding that, in the elderly, AUDIT was a useful screen test for detecting harmful and hazardous drinking and CAGE for dependence. (Berks J; 2008)

Reference: Screening for alcohol misuse in elderly primary care patients: a systematic literature review. Berks J, McCormick R. 2008. International Psychogeriatrics; 20(6): 1090-1103 (<http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=12009101309>)

- **Title: “A Review of the problems associated with screening instruments used for alcohol use disorders in the elderly”**

Type of document: Clinical note

Description: Problems associated with screening instruments used for alcohol use disorders in the elderly”. According to the authors “the alcohol use disorders in the elderly are under-diagnosed. There is a lack of research dedicated to the development of a valid screening tool for the alcohol use disorders specifically in the geriatric population. An increased amount of research needs to be devoted to this area”. (Dole, E; 1999).

Reference: A Review of the problems associated with screening instruments used for alcohol use disorders in the elderly. Dole, E and Gupchup, G. 1999. Consult Pharm: 14: 286-93. Webpage, available in <http://www.ascp.com/publications/tcp/1999/mar/screening.shtml> (accessed July 2010)

- **Title: “Screening and diagnosis: Alcohol use disorders in older adults”**

Type of document: Book

Description: State of the art of screening and diagnosis of alcohol abuse and dependence in great depth. Need to evaluate the sensitivity and specificity of newer screening instruments for "alcohol abuse" in the elderly. (DeHart, S; 1997)

Reference: Screening and diagnosis: Alcohol use disorders in older adults. DeHart, Sara S.; Hoffmann, Norman G.; In: Older adults' misuse of alcohol, medicines, and other drugs: Research and practice issues. Gurnack, Anne Marie (Ed.); New York, NY, US: Springer Publishing Co, 1997. pp. 25-53.

- **Title: “Prevention and Management of Alcohol Problems in Older Adults: Screening and Brief Intervention Implementation”**

Type of document: Manual



Description: Screening procedures and some brief interventions, including some charts, figures and examples (Lawton Barry, K).

Reference: Prevention and Management of Alcohol Problems in Older Adults: Screening and Brief Intervention Implementation. Lawton Barry, K; Blow, F. Webpage, available in [www.healthyagingprograms.org/lib/getFile.asp?file=338](http://www.healthyagingprograms.org/lib/getFile.asp?file=338) (accessed July 2010)

- **Title: “Project 2015: State Agencies Prepare for an Aging New York”**

Type of document: Project

Description: Strategies to achieve healthy standards for the elderly in New York. (Pine, P; 2002)

Reference: Project 2015, State Agencies Prepare for the Impact of an Aging New York. White Paper for Discussion. Office for the Aging. Pine, P. 2002. Webpage, available in <http://www.suny.edu/provost/2015whitepaper.txt> (accessed July 2010)

- **Title: “Substance Abuse Among Older Adults. Treatment Improvement Protocol”**

Type of document: Protocol

Description: Protocol summarizing the relationships between aging and substance abuse and provide practical recommendations for incorporating that understanding into practice. In addition it brings together the literature on substance abuse and gerontology to recommend best practices for identifying, screening, assessing, and treating alcohol and prescription drug abuse among people age 60 and older. (Blow, F; 1998)

Reference: Substance Abuse Among Older Adults. Treatment Improvement Protocol (TIP). Blow, F. 1998. Webpage, available in <http://ncadi.samhsa.gov/govpubs/BKD250/> (accessed July 2010)

- **Title: “Screening for alcohol problems in primary care: a systematic review”**

Type of document: Study

Description: Despite the methodological limitations, the literature supports the use of formal screening instruments over other clinical measures to increase the recognition of alcohol problems in primary care. (Fiellin D; 2003)

Reference: Screening for alcohol problems in primary care: a systematic review. Fiellin D A, Carrington Reid M, O'Connor P G. Database of Abstracts of Reviews of Effects (DARE). 2003. Webpage, available in <http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?View=Full&ID=12000008520> (accessed august 2010).

## Raising awareness

- **Title: “Healthy Ageing a Challenge for Europe”**

Type of document: Report

Description: Report on Substance use/misuse (tobacco and alcohol). States that health problems caused by alcohol use disorders are often under-detected and misdiagnosed among older people.

Reference: Healthy Ageing, a Challenge for Europe. AGE, European Older People's Platform EuroHealthNet. The Swedish National Institute of Public Health R 2006. ISSN: 1651-8624. ISBN: 91-7257-481-X.

- **Title: “Healthy aging: keystone for a sustainable Europe”**

Type of document: Paper

Description: Main aspects of life expectancy in Europe and how they relate to healthy life years, and what this could mean for EU Member States. Other projects of the European commission related with the misuse of alcohol in the elderly and its consequences.

Reference: [http://ec.europa.eu/health/ph\\_information/indicators/docs/healthy\\_ageing\\_en.pdf](http://ec.europa.eu/health/ph_information/indicators/docs/healthy_ageing_en.pdf)

- **Title: “Substance use by older adults: Estimates of future impact on the treatment system”**

Type of document: Report

Description: Evidence concerning the projected demand for substance abuse treatment services for older Americans over the next 20 to 30 years, approaches for refining these projections, implications and ways to extend our knowledge in the area. (Korper, SP; 2002)

Reference: Substance use by older adults: Estimates of future impact on the treatment system. Korper, SP. 2002. National Clearinghouse for Alcohol and Drug Information. USA. Webpage, available in <http://www.samhsa.gov> (accessed July 2010)

- **Title: “Informing older adults about non-hazardous, hazardous, and harmful alcohol use”**

Type of document: Article

Description: Providing older adults with knowledge and confidence to prevent alcohol-related risks and problems following an education model guided according to the instructional format. The authors conclude that older adults are willing to read extensively about the relationships between drinking, health, and use of medication. (Fink, A; 2001)

Reference: Informing older adults about non-hazardous, hazardous, and harmful alcohol use. Fink, A; Beck, JC.; Wittrock, MC. 2001. Patient Education and Counseling, Vol 45(2). Pp. 133-141.

- **Title: “The aging alcoholic: A summary of the Michigan Experiment as a model of outreach and intervention”**

Type of document: Book

Description: Alcoholism and gerontology, failure to recognize problems of alcohol abuse in later life and the neglect of the older person's drinking problem and to overview considerations about treatment (Rathbone-McCuan, E; 1987).

Reference: The aging alcoholic: A summary of the Michigan Experiment as a model of outreach and intervention. Rathbone-McCuan, E; Schiff, SM.; Resch, JE. 1987. In: Handbook of applied gerontology. Lesnoff-Caravaglia, Gari (Ed.); New York, NY, US: Human Sciences Press. Pp. 297-309.

- **Title: “Elderly alcoholism: Intervention strategies”**

Type of document: Book

Description: The factors contributing to elderly alcoholism, special populations and the historical factors that may precipitate elderly alcoholism (Beechem, M; 2002).

Reference: Elderly alcoholism: Intervention strategies. Beechem, M; Springfield, IL. 2002. US: Charles C. Thomas Publisher. 228 pp.

- Title: **“Substance abuse disorders”**

Type of document: Book

Description: Review on the abuse of illicit drugs, tobacco, prescription and over-the-counter medications, and alcohol by elderly persons, including as well a discussion of assessment and treatment implications. (Nirenberg, T; 1998)

Reference: Substance abuse disorders. Nirenberg, TD.; Lisansky-Gomberg, ES.; Cellucci, T. 1998. In: Handbook of clinical geropsychology. Hersen, Michel (Ed.); Van Hasselt, Vincent B. (Ed.); New York, NY, US: Plenum Press. Pp. 147-172.

- Title: **“Substance abuse”**

Type of document: Book

Description: Incidence and prevalence of substance abuse among the elderly in USA, as, well as evidence-based approaches to assessment and intervention. (Rowan, N; 2007)

Reference: Substance abuse. Rowan, NL.; Faul, AC. 2007. In: Handbook of gerontology: Evidence-based approaches to theory, practice, and policy. Blackburn, James A. (Ed.); Dulmus, CN. (Ed.); Hoboken, NJ, US: John Wiley & Sons Inc. Pp. 309-332.

- Title: **“Sreening and assessment of alcohol problems in older adults”**

Type of document: Book

Description: Definitions of alcohol risk, pertinent alcohol screening instruments and techniques; elements of alcohol assessments for older adults and assessment for their physical, mental, and functional health. (Barry, KL; 1999)

Reference: Sreening and assessment of alcohol problems in older adults. Barry, KL; Blow, FC. 1999. In: Handbook of assessment in clinical gerontology. Lichtenberg, Peter A. (Ed.); Hoboken, NJ, US: John Wiley & Sons Inc. Pp. 243-269.

- Title: **“Introduction to substance abuse awareness for seniors: A guide for developing substance abuse awareness program for older adults”**

Type of document: Guideline

Description: Guide raising awareness of the scope and nature of this alarming epidemic, and offering a basic guide to prevention, assessment, intervention, treatment and aftercare. (ATTC, 2007)

Reference: Introduction to substance abuse awareness for seniors: A guide for developing substance abuse awareness program for older adults. Regional ATTC Products & Resources. 2007. Addiction Technology Transfer Center Network. Webpage, available in <http://www.attcnetwork.org/regcenters/productdetails.asp?prodID=440&rcID=2> (accessed July 2010)

- Title: **“Substance misuse and alcohol use disorders”**

Type of document: Book chapter

Description: Alcohol dependence and drug use among people 55 and older and its changing trend as

a function of an aging population . Chapter “Substance misuse and alcohol use disorders”. (Naegle, M; 2008).

Reference: Substance misuse and alcohol use disorders. Naegle, M. 2008. In: Evidence-based geriatric nursing protocols for best practice (3rd ed.). Capezuti, E (Ed.); Zwicker, D (Ed.); Mezey, M (Ed.); Fulmer, TT. (Ed.); Grey-Miceli, D (Ed.); Kluger, M (Ed.); New York, NY, US: Springer Publishing Co. Pp. 649-676.

- Title: “**Use and Misuse of Alcohol Among Older Women**”

Type of document: Paper

Description: Knowledge about alcohol health services for older women and recommendations regarding necessary future health services research on this vulnerable population (older women represent the largest single group of health care users in many countries)(Blow, FC; 2000)

Reference: Use and Misuse of Alcohol Among Older Women. Blow, F and Lawton Barry, K. 2003. National Institute on Alcohol Abuse and Alcoholism. Webpage, available in <http://pubs.niaaa.nih.gov/publications/arh26-4/308-315.htm> (accessed July 2010)

- Title: “**Alzheimer Europe**”

Type of document: Report

Description: First report of the collaboration project on Dementia summarizing the alcohol psychotropic effects. Cognitive impairment is frequently observed in heavy drinkers and visomotor capacity, memory or abstract thinking is also affected. Excessive alcohol consumption can lead to alcohol related brain damage; severe loss of short-term memory and is responsible for alcoholic dementia. The authors also mention the health benefit that moderate alcohol consumption lowers the risk of stroke as well as subclinical infarcts and white matter disease (Alzheimer Europe, 2006)

Reference: EuroCoDe. European Collaboration on Dementia. Alzheimer Europe. 2006. First Interim Report. Project funded by the European Commission.

- Title: “**Alcohol, a women health issue**”

Type of document: Book

Description: Research suggests that people born in recent decades are more likely to drink throughout life than people born in the early 1900s. According to the book entitled “Alcohol, a women health issue” (NIAAA, 2008) this new pattern causes that older women may be especially sensitive to the stigma of being alcoholic, and therefore hesitate to admit if they have a drinking problem. Older women, more than any other group, use medications that can affect mood and thought, such as those for anxiety and depression. These “psychoactive” medications can interact with alcohol in harmful ways. Research suggests that women may be more likely to develop or to show alcohol problems later in life, compared with men.(NIAAA, 2008)

Reference: Alcohol, a women health issue. U.S. Department of Health and Human Services. Institutes of Health National Institute on Alcohol Abuse and Alcoholism. 2008. Webpage available in <http://pubs.niaaa.nih.gov/publications/brochurewomen/women.htm> (accessed August 2010)

- Title: “**Healthy Ageing, a Challenge for Europe**”

Type of document: Report

Description: Report by Swedish National Institute of Public Health concerning alcohol consumption

trends and related harms among elderly (60 plus) EU citizens outlines the health-related, social and economic effects of alcohol use by the elderly, to discuss recent trends in alcohol consumption and alcohol related harms, and to determine whether current levels of consumption are problematic or warrant further attention (Healthy Ageing, a Challenge for Europe, 2006).

Reference: [http://www.fhi.se/PageFiles/4173/Healthy\\_ageing.pdf](http://www.fhi.se/PageFiles/4173/Healthy_ageing.pdf)

- **Title: “Alcohol & The Elderly”**

Type of document: Fact-sheet

Description: Fact-sheet designed to show the size of the problem, the changing pattern of consumption, the types of elderly drinkers, the consequences of drinking at these ages, the management and diagnosis of alcohol-related problems among older people, among others (IAS).

Reference: Alcohol & the Elderly. Institute of Alcohol Studies (IAS), 2009. Webpage, available in <http://www.ias.org.uk/resources/factsheets/elderly.pdf> (accessed July 2010)

- **Title: “Elder Abuse and Neglect Warning Signs, Risk Factors, Prevention, and Help”**

Type of document: Web page

Description: Definition of the most important terms related to the abuse of alcohol amongst elderly, summarizes the different types of elder abuse, informs about the signs and symptoms of abuse by the elderly, shows the risk factors and suggests prevention strategies (hosted by the Helpguide.org).

Reference: Elder Abuse and Neglect Warning Signs, Risk Factors, Prevention, and Help. Helpguide.org. 2008. Webpage, available in [http://helpguide.org/mental/elder\\_abuse\\_physical\\_emotional\\_sexual\\_neglect.htm](http://helpguide.org/mental/elder_abuse_physical_emotional_sexual_neglect.htm)

- **Title: “AGE Platform”**

Type of document: Web page

Description: Wide range of policy areas that affect older and retired people. Among others, health, anti-discrimination, employment of older workers and active ageing, social protection, pension reforms, social inclusion, research, accessibility of public transport and of the build environment, and ICT. The Platform takes also active part in several EU projects. The majority of these projects are funded by the 7th Framework Programme. AGE Platform Europe is a European network of around 150 organisations of and for people aged 50+ representing directly over 28 million older people in Europe

Reference: Age Platform Europe, <http://www.age-platform.eu/en>

- **Title: “Acoholism on e-Medicine web site”**

Type of document: Web page

Description: Among older patients with alcoholism, from one third to one half develop alcoholism after age 60 years. This group is harder to recognize. A recent population-based study found that problem drinking (>3 drinks/d) was observed in 9% of older men and in 2% of older women. Alcohol levels are higher in elderly patients for a given amount of alcohol consumed than in younger patients. (Thompson, W; 2010) (eMedicine web site)

Reference: Alcoholism. Thompson, W et al. E-medicine. Webpage, available in <http://emedicine.medscape.com/article/285913-overview> (accessed august 2010)

- **Title: “Alcohol misuse among older people”**

Type of document: Bulletin

Description: General picture of Alcohol misuse among older people in United Kingdom. (Acquire, 2002).

Reference: Alcohol misuse among older people. Acquire. Alcohol Concern. 2002, number 34. Webpage, available in <http://www.alcoholconcern.org.uk/assets/files/Publications/Older%20People%20factsheet.pdf> (accessed august 2010).

- **Title: “Substance use among older adults: a neglected problem; Drugs in focus. Briefing of the European Monitoring Centre for Drugs and Drug Addiction”**

Type of document: Report

Description: Report that highlights that 27 % of persons aged 55 and over in Europe declare that they drink alcohol on a daily basis.(Gossop, M;2008)

Reference: Substance use among older adults: a neglected problem. Gossop, M. 2008. Drugs in focus. Briefing of the European Monitoring Centre for Drugs and Drug Addiction. Office for Official Publications of the European Communities. Webpage, available in [http://ec.europa.eu/health-eu/my\\_health/elderly/index\\_en.htm](http://ec.europa.eu/health-eu/my_health/elderly/index_en.htm) (accessed august 2010)

- **Title: “Health Evidence Bulletin – Wales. Chapter 2: Healthy living”**

Type of document: Book chapter

Description: Educational messages (safe limits advice) on alcohol are more effective if tailored to specific sub groups (children, adolescents, young adults, elderly) and specific situations ( work, pregnancy and drink-driving).

Reference: Health Evidence Bulletins – Wales. Healthy living, chapter 2. Webpage, available in <http://hebw.cf.ac.uk/healthyliving/chapter2.html> (accessed August 2010)

- **Title: “Alcoholism among the elderly”**

Type of document: Dissertation

Description: Dissertation on a public awareness program focused on alcoholism among the elderly. Concludes that educating caregivers and professionals in the field of gerontology, by addressing alcohol-related problems and appropriate prevention interventions, can ultimately improve the quality of life of the elder abuser and their families (Sanchez, R; 2005)

Reference: Alcoholism among the elderly. Sanchez, R. 2005. California State University, Long Beach, 82 pages; AAT 1426265

- **Title: “Mental Health and Well-Being in Older People – Making it Happen”**

Type of document: Conference report

Description: Conference recently held under the auspices of the Spanish Presidency of the Council of the European Union pointed to the use of alcohol amongst the elderly as one of the risks factors associated to the social isolation and suggested that care and treatment systems take their responsibilities in its prevention. In addition, alcohol use was identified as one of the factors

associated to the key determinants of adults' health. The problem of over-medication of older people and the relation between mental health and alcohol consumption was another of the issues treated during this conference.

**Reference:** Mental Health and Well-Being in Older People – Making it Happen Thematic Conference on Mental Health and Well-Being in Older People, Organised by the European Commission and Spanish Ministry of Health and Social Affairs, under the auspices of the Spanish Presidency of the Council of the European Union. June 28 – 29 2010.

## Social and community support

- **Title: “Accommodation Strategy for Older People in Liverpool”**

Type of document: Strategy

Description: Strategy to promote a positive image of ageing and to ensure that older people in Liverpool are able to live as independently as possible within a safe environment of their choice" by addressing, among others, the specialist needs of older people with: dementia; learning disability, alcohol/drug dependency; or challenging behaviour (Peter Fletcher Associates).

**Reference:** Accommodation Strategy for Older People in Liverpool. Peter Fletcher Associates. Liverpool final report. Webpage, available in <http://www.liverpool.gov.uk/Images/tcm21-33192.pdf> (accessed august 2010)  
40 / 0

- **Title: “Alcohol Use in Retirement Communities”**

Type of document: Report

Description: Investigation of drinking patterns in three retirement communities in southern California and Oregon. Data analysis revealed that drinking in the retirement community was widespread and that it was part of the residents' social behavior which was associated with high levels of social integration. A negative correlation between an individual's religiosity and drinking was observed in all data analyses and was also found to be significant when comparing late onset heavy drinkers with long-term heavy drinkers (Alexander, F; 1987).

**Reference:** Alcohol use in retirement communities. Alexander, F; Duff, RW. 1987. Paper presented at the Annual Meeting of the American Society on Aging (Salt Lake City) Webpage, available in <http://www.eric.ed.gov/PDFS/ED278907.pdf> (accessed, July 2010)

## Social reinsertion/harm reduction

- **Title: “Alcohol Drinking, Cognitive Functions in Older Age, Predementia, and Dementia Syndromes”**

Type of document: Review

Description: Revision of different outcomes, beverages, drinking patterns, or follow-up periods, and possible interactions with other lifestyle-related or genetic factors as sources of great variability among elderly. As conclusion affirms that there is no indication that light to moderate alcohol drinking would be harmful to cognition and dementia, and it is not possible to define a specific beneficial level of alcohol intake (Panza, F; 2009).

**Reference:** Alcohol Drinking, Cognitive Functions in Older Age, Predementia, and Dementia Syndromes Panza, F et al. 2009. Journal of Alzheimers Disease, 17(1), 7-31.



- **Title: “Substance abuse”**

Type of document: Book

Description: Analysis of the recent literature on the use (and abuse) of alcohol, prescription drugs (especially benzodiazepines), and nonprescription drugs by elderly persons alcohol use disorders and problem drinking (Ganzini, L; 1996).

Reference: Substance abuse. Ganzini, L; Atkinson, RM. 1996. In: Comprehensive review of geriatric psychiatry—II (2nd ed.). Sadavoy, J (Ed.); Lazarus, LW. (Ed.); Jarvik, LF. (Ed.); Grossberg, GT. (Ed.); Washington, DC, US: American Psychiatric Association. Pp. 659-692.

- **Title: “Substance abuse in the elderly”**

Type of document: Book

Description: Analysis of the changes in the ageing body's response to drugs and alcohol (Gomberg, E; 1998).

Reference: Substance abuse in the elderly. Gomberg, ES. 1999. Lisansky; In: Sourcebook on substance abuse: Etiology, epidemiology, assessment, and treatment. Ott, Peggy J. (Ed.); Tarter, Ralph E. (Ed.); Ammerman, R T. (Ed.); Needham Heights, MA, US: Allyn & Bacon. Pp. 113-125.

- **Title: “The Older Adult Driver”**

Type of document:

Description: Recognised as another of the alcohol-related problems alcohol remains an important risk factor for a motor vehicle crash, and alcohol use in older adults is probably underestimated. Physicians should counsel their patients about the "not a drop of alcohol when driving" rule. Advising older drivers on injury prevention includes strongly discouraging alcohol use before driving. (Carr, D, 2000)

Reference: The American Family Physician Web archive. The Older Adult Driver. Carr, D. Webpage available in <http://www.aafp.org/afp/20000101/141.html> (accessed august 2010)

- **Title: “Merck web site”**

Type of document: Web page

Description: The use of alcohol amongst the elderly is associated with suicide and suicide attempts, and it is sometimes the final act in a course of self-destructive behavior, such as alcoholism, reckless driving, and violent antisocial acts. Often, one factor is the last straw. This web site also shows the main risk factors and warning signs for suicide amongst the elderly, including obviously the harmful-use of alcohol. (Merck web site)

Reference: <http://www.merck.com>

- **Title: “British Geriatrics Society and Royal College of Physicians. Guidelines for the prevention, diagnosis and management of delirium in older people.”**

Type of document: Guideline

Description: Focus on alcohol as a risk factor for developing delirium, underlying its multifactorial nature and the importance to a good collection of the alcohol history for the proper diagnosis of this condition (British Geriatrics Society and Royal College of Physicians, 2006).



Reference: British Geriatrics Society and Royal College of Physicians. Guidelines for the prevention, diagnosis and management of delirium in older people. 2006. Concise guidance to good practice series, No 6. London: RCP.

- Title: **“Alcohol & the Elderly”**

Type of document: Report

Description: Report on the positive effects of certain patterns of alcohol consumption. “Moderate drinking is thought to improve overall cognitive function in older adults” and, “among older women, regular moderate drinking may aid in delaying the onset of osteoporosis”. In addition, evidence shows that, “for some individuals, moderate drinking may be a protective factor against coronary heart disease, the relationship is particularly strong for older men, as well as for postmenopausal women (Institute of Alcohol Studies, accessed 2010).

Reference: Alcohol & the Elderly. Institute of Alcohol Studies (IAS), 2009. Webpage, available in <http://www.ias.org.uk/resources/factsheets/elderly.pdf> (accessed July 2010)

- Title: **“Change and Stability in Maximum Annual Alcohol Consumption and Alcohol-Related Problems among Aging Males: A 19-Year Follow-Up Study”**

Type of document: Study

Description: Change of maximum annual alcohol consumption and problem drinking as a concomitant of the aging process. The results revealed that decreases in drinking were likely to occur at the heavier levels of maximum number of drinks taken on a single occasion during the past year by the men in the longitudinal sample (Stall, R; 1986).

Reference: Change and stability in maximum annual alcohol consumption and alcohol-related problems among aging Males: A 19-Year Follow-Up Study. Stall, R. 1986. Paper presented at the National Council on Alcohol (San Francisco, CA) Webpage, available in <http://www.eric.ed.gov/PDFS/ED270655.pdf> (accessed July, 2010).

- Title: **“A new paradigm for alcohol use in older persons”**

Type of document: Conference report

Description: Clinical indications of harmful, hazardous, and nonhazardous drinking in persons 65 years of age and older. Authors concluded that alcohol use may be hazardous or harmful for older persons, particularly in conjunction with physical or emotional illnesses, medication use, functional limitations, smoking, and driving after drinking. When asking about alcohol use in older persons, clinicians need to be aware of these factors to assist in identifying and managing potential or actual alcohol-related problems. (Moore, AA; 1999)

Reference: A new paradigm for alcohol use in older persons. Moore AA, et al. 1999. 50th Annual Scientific Meeting of the Gerontological-Society-of-America Medical Care, 37(2), 165-179

- Title: **“Substance abuse in older women”**

Type of document: Review

Description: Analysis of the risk to older women of self-medicating with prescription drugs and alcohol, the risk of prescription drug abuse by a physician or physicians compared to other age groups, alcohol and drug abuse and the incidence of substance abuse. According to the author literature on elderly women and substance abuse is sparse. Conclusion: that older women are at risk for self-medicating with prescription drugs and alcohol and have more risk for drug-drug and drug-

alcohol interactions. Women are more likely to be prescribed psychotropics. Older women are at greater risk for prescription drug abuse by a physician or physicians than other age groups. The incidence of substance abuse remains underreported and underdiagnosed (Szwabo, PA; 1993)

Reference: Substance abuse in older women. Szwabo, PA. 1993. Clin Geriatr Med. 9(1), 197-208

- **Title: “The lived experiences of alcoholism in older women”**

Type of document: Dissertation

Description: Exploration of the real-life experiences of six women aged 50 years and above. The results showed the evolution of five major themes, Stigma, Shame, Abuse, Self-Worth, and Spirituality. Findings emphasize the need for increasing awareness of those who are currently working with older female and future research in this minimally studied group. (Milliard, S; 2006)

Reference: The lived experiences of alcoholism in older women. Milliard, S. 2006. Capella University, 128 pages; AAT 3237874

- **Title: “The lived experiences of older adults who abuse alcohol: Why and how they became sober”**

Type of document: Dissertation

Description: Dissertation on how older adults who abuse alcohol made the decision to become sober and what actions they took to achieve sobriety and recovery. The findings of the study reflect the overall heterogeneity of the participants' experiences related to the abuse of alcohol and for future research recommends exploring the efficacy of family therapy for substance abuse in the older adult population and the need to consider the difference in clinical presentation and psychosocial needs of older adults who identify themselves as cultural minorities. (Henges L, 2008)

Reference: The lived experiences of older adults who abuse alcohol: Why and how they became sober. Henges, L. 2008. Capella University, 131 pages; AAT 3289498

- **Title: “Together For Mental Health And Well-Being”**

Type of document: Dissertation

Description: Key factors for active ageing Parent, AS Ms Parent highlighted that there is a need to address factors that increase the vulnerability of older people to mental health problems, including isolation and social exclusion, abrupt changes from employment to retirement, increased dependency, lack of adequate professional training and support for informal carers, and biological factors including adverse effects of over-medication, polypharmacy and drug alcohol interactions (EU High Level Conference, Brussels, June 2008).

Reference: EU High Level Conference “Together For Mental Health And Well-Being” Brussels, 13 June 2008.

- **Title: “Alcohol consumption and health status in older middle-aged and elderly persons: Findings from a longitudinal national population health survey”**

Type of document: Dissertation

Description: Analysis of the prospective relationship of alcohol consumption to mortality and changes in mental and functional health in older adults ten years later. This dissertation found that occasional and light drinkers had significantly reduced risk of a substantial functional health decline, while moderate drinkers had non-significantly reduced risk. Findings suggest that light-to-moderate alcohol consumption confers some health benefits in older adults. (Chen, YL; 2009)

Reference: Alcohol consumption and health status in older middle-aged and elderly persons: Findings from a longitudinal national population health survey. Chen, YL. 2009. University of Northern British Columbia (Canada), 57 pages; AAT MR48753

- Title: **“Mental Health in Older People”**

Type of document: Report

Description: Use of alcohol by the elderly linked with impairments in physical, psychological, social and cognitive health. Moreover, the authors showed the need to prevent suicide by carrying out interventions on alcohol-related factors. Finally, alcohol is also described as a factor related to some mental health problems (dementia) amongst the elderly. (Jané-Llopis, E and Gabilondo, A ; 2008)

Reference: Jané-Llopis, E., & Gabilondo, A. (Eds). Mental Health in Older People, 2008. Consensus paper. Luxembourg: European Communities.

- Title: **“Alcohol, Aging, and the Stress Response”**

Type of document: Article

Description: Three-way interaction among alcohol consumption, the hypothalamic-pituitary-adrenal (HPA) axis activity, and the ageing process. The ageing process may impair the HPA axis' ability to adapt to chronic alcohol exposure. Furthermore, HPA axis activation may contribute to the premature or exaggerated aging associated with chronic alcohol consumption. (Spencer R; 1999)

Reference: Alcohol, Aging, and the Stress Response. Spencer, R and Hutchison, K. 1999. Alcohol Research & Health, 23(4).

- Title: **“Alcohol Use and the Risk of Developing Alzheimer’s Disease”**

Type of document: Review

Description: Revision of the biological evidence suggesting that alcohol use may be associated with Alzheimer’s disease (AD). Although the authors showed a relation between high levels of alcohol consumption and brain damage they also concluded that epidemiologic studies have not confirmed that drinking increases the risk of AD. (Tyas, S; 2001)

Reference: Alcohol Use and the Risk of Developing Alzheimer’s Disease. Tyas, S. 2001. Alcohol Research & Health, 25(4).

- Title: **“Impairments of Brain and Behavior The Neurological Effects of Alcohol”**

Type of document: Article

Description: Revision on the physical brain changes and neuropsychological consequences of alcoholism, beginning with the effects of chronic alcoholism on memory and other cognitive functions. In conjunction with age the authors argued that regardless of alcohol's role in ageing, older alcoholics, by virtue of their chronological age, may be particularly susceptible to the effects of alcohol. (Oscar-Berman, M; 1997)

Reference: Impairments of Brain and Behavior The Neurological Effects of Alcohol. Oscar-Berman, M et al. 1997. Alcohol Health & Research World, 21(1).

- Title: **“Alcohol and Other Factors Affecting Osteoporosis Risk in Women”**

Type of document: Review

Description: Revision of the research on how alcohol use and other factors affect bone health and osteoporosis risk in women. The authors concluded that heavy alcohol use decreases bone density and weakens bones' mechanical properties. The effect of moderate alcohol consumption on bone health is less clear. (Sampson, W; 2002).

Reference: Alcohol and Other Factors Affecting Osteoporosis Risk in Women. Sampson, W. 2002. Alcohol Research & Health, 26(4).

- **Title: “Role of alcohol in late-life suicide”**

Type of document: Review

Description: Review of the literature related to alcohol use and suicide among older adults. The authors affirm that drinking among the elderly elevates suicide risk through interactions with other factors that are more prevalent in this age group, such as depressive symptoms, medical illness, negatively perceived health status, and low social support (Blow, FC; 2004).

Reference: Role of alcohol in late-life suicide. Blow FC, et al. 2004. Alcoholism-Clinical and Experimental Research, 28(5), 48S-56S, s1 (Research Workshop on Alcohol and Suicidal Behavior Bethesda, MD, 2002).

- **Title: “Potential for alcohol and prescription drug interactions in older people”**

Type of document: Study

Description: Analysis of the patterns and prevalence of concomitant alcohol and alcohol-interactive (AI) drug use in older people. The authors concluded that many older people use alcohol in combination with AI prescription drugs. Clinicians should warn every patient who is prescribed an AI drug about alcohol-drug interactions, especially those at high risk for concomitant exposure. (Pringle, KE; 2005)

Reference: Potential for alcohol and prescription drug interactions in older people. Pringle KE, et al. 2005. Journal of the American Geriatrics Society, 53(11), 1930-1936 (Annual Meeting of the American-Public-Health-Association, Washington, 2004).

- **Title: “Gerontological Society of America Conference Nov 2007”**

Type of document: Conference report

Description: Analysis of the paradigms for conceptualizing alcohol-related problems on persons who are abusing or dependent on alcohol and the extent to which these paradigms may not apply to older drinkers. Clinical description of indications of harmful, hazardous, and nonhazardous drinking in persons 65 years of age and older. Conclusion: alcohol use may be hazardous or harmful for older persons, particularly in conjunction with physical or emotional illnesses, medication use, functional limitations, smoking, and driving after drinking. Gerontological Society of America (Nov 1997)

Reference: Gerontological Society of America Conference Nov 2007

- **Title: “Alcohol, drugs and much more in later life”**

Type of document: Review

Description: Revision concluding that despite the high prevalence of alcohol amongst elderly the assessment and management of substance use is frequently absent from everyday psychiatric and general medical practice. The potential for decreasing the incidence and severity of physical and

psycho/social events following a reduction or cessation in problem alcohol or other drug use means that assessment and intervention should become one of the cornerstones of management in this often disenfranchised and vulnerable group. (Hulse, G; 2002)

Reference: Alcohol, drugs and much more in later life. Hulse, G. 2002. Rev. Bras. Psiquiatr, (24.

- **Title: “The experience of long-term sobriety for men ages 55 through 65 who are currently members of Alcoholics Anonymous”**

Type of document: Dissertation

Description: Analysis of the experience of long-term sobriety for men ages 55 through 65 who are currently members of Alcoholics Anonymous. This qualitative research analyzed their experiences with alcohol, their motivations for recovery, and the quality of their lives since they stopped drinking. According to the authors’ results factors like self-perception, relation with the family and relation with the community can be used to address prevention strategies for older men. (Strawbridge, J; 2007)

Reference: The experience of long-term sobriety for men ages 55 through 65 who are currently members of Alcoholics Anonymous. Strawbridge, J. 2007. Capella University, 211 pages; AAT 3250064

## Treatment

- **Title: “Report Strategies for recognizing and treating elderly alcohol abusers”**

Type of document: Project

Description: Pilot treatment/research project for late life drinkers who begin abusing alcohol after age 50. Four treatment strategies discussed. Comparison of late-life versus early-onset alcohol abusers, abusers versus clients without alcohol abuse, and program dropouts versus program graduates is presented (Schonfeld, L; 1984).

Reference: Report Strategies for recognizing and treating elderly alcohol abusers. Schonfeld, L. 1984. Paper presented at the Annual Convention of the American Psychological Association (Toronto, Canada). Webpage, available in <http://www.eric.ed.gov/PDFS/ED251736.pdf> (accessed, July 2010).

- **Title: “The older adult alcoholic client”**

Type of document: Book

Description: Discussion on the issues and concerns involved in treating older alcoholic clients, including the prevalence of alcoholism; the criteria used to define alcoholism in the elderly; and its causes, diagnosis, and intervention strategies (Green NM; 1991).

Reference: The older adult alcoholic client. Green, NM; Bridgham, J D. 1991. In: Health, illness, and disability in later life: Practice issues and interventions. Young, Rosalie F. (Ed.); Olson, E. (Ed.); Thousand Oaks, CA, US: Sage Publications, Inc. Pp. 61-72.

- **Title: “Recognition and assessment of alcohol and drug dependence in the elderly”**

Type of document: Book

Description: Treatment strategies to assist older alcoholics, interventions, outreach, case management, monitoring of alcohol and drug use, group work in rehabilitation, casework with collaterals, AA and other peer-help strategies, and residential and inpatient treatment. (Atkinson, R;

2002)

Reference: Recognition and assessment of alcohol and drug dependence in the elderly. Oslin, DW.; Holden, R. 2002. In: Treating alcohol and drug abuse in the elderly. Gurnack, AM. (Ed.); Atkinson, R (Ed.); Osgood, NJ. (Ed.); New York, NY, US: Springer Publishing Co. Pp. 11-31.

- **Title: “Alcoholism in the older population”**

Type of document: Review

Description: Literature on the epidemiology, physical consequences, and treatment of alcohol use and abuse among elderly (Liberto, J; 1996).

Reference: Alcoholism in the older population. Liberto, JG.; Oslin, DW.; Ruskin, PE. 1996. In: The practical handbook of clinical gerontology. Carstensen, Laura L. (Ed.); Edelstein, Barry A. (Ed.); Dornbrand, Laurie (Ed.); Thousand Oaks, CA, US: Sage Publications, Inc. Pp. 324-348.

- **Title: “Substance abuse in older people”**

Type of document: Review

Description: Revision of current information on substance abuse in older people, highlighting recent studies on epidemiology, screening techniques, brief intervention, and treatment issues and shows that although alcohol abuse is most common, abuse of narcotic and sedative drugs also occurs and that effective treatment modalities for substance abuse in older people exist and should be individualized to optimize success (Fingerhood, M; 2000)

Reference: Substance abuse in older people. Fingerhood M. 2000. Journal of the American Geriatrics Society, 48(8), 985-995.

- **Title: “Treatment for alcohol-related problems: special populations: research opportunities”**

Type of document: Study

Description: Therapy modalities and the group-specific therapies needed among different populations (elderly included). Highlights that the etiology of problem drinking by older persons is studied rarely and that consequences of older persons' heavy drinking seem to be most often alcohol-related medical disorders, although there are often familial and social consequences. (Gomberg, E; 2003)

Reference: Treatment for alcohol-related problems: special populations: research opportunities. Gomberg, E. 2003. Recent Dev Alcohol, 16, 313-33.

- **Title: “Unhealthy alcohol use in the elderly - Current screening and treatment strategies”**

Type of document: Article

Description: State of research about the growing population of older adults and alcohol-related diseases, course of alcohol addiction, consumption patterns, somatic and mental comorbid disorders in this area and review of clinically-relevant concepts related to identifying, assessing and treating older adults with alcohol-related disability. Due to demographic trends and an ageing cohort, which has higher rates of substance abuse than any previous generation, an increase in numbers of elderly alcohol abusers is predicted. (Lieb, B; 2008)

Reference: Unhealthy alcohol use in the elderly - Current screening and treatment strategies. Lieb, B. 2008. Fortschritte der Neurologie Psychiatrie, 76(2), 75-85

- **Title: “Alcohol use disorders in the elderly”**

Type of document: Article

Description: Classification, prevalence, assessment and treatment of Alcohol use Disorders in the elderly, with an emphasis on the special needs and unique aspects of engaging and treating this population. Ross, S, 2005)

Reference: Alcohol use disorders in the elderly. Ross, S. 2005. Primary Psychiatry, Vol 12(1). Webpage, available in <http://www.psychweekly.com/aspx/article/ArticleDetail.aspx?articleid=19> (accessed July 2010)

- **Title: “Substance abuse”**

Type of document: Review

Description: Discussion on the availability of effective treatment strategies for older alcohol abusers and review of the epidemiological and outcomes research literature related to alcohol abuse and older adults. It reveals positive outcomes, especially when "age-specific," cognitive-behavioral, and less confrontational treatment approaches are employed. Cummings, SM; 2008)

Reference: Substance abuse. Cummings, SM; et al. 2008. J Gerontol Soc Work, 50(1), 215-241.

- **Title: “Older Adults and the Issue of Addiction”**

Type of document: Book

Description: Experience of the elderly in alcohol treatments (Veatch, L; 2005).

Reference: Older Adults and the Issue of Addiction. Veatch, LJ.; Madwid, R. 2005. In: Critical incidents in addictions counseling. Kelly, Virginia A. (Ed.); Juhnke, Gerald A. (Ed.); Alexandria, VA, US: American Counseling Association. Pp. 95-99